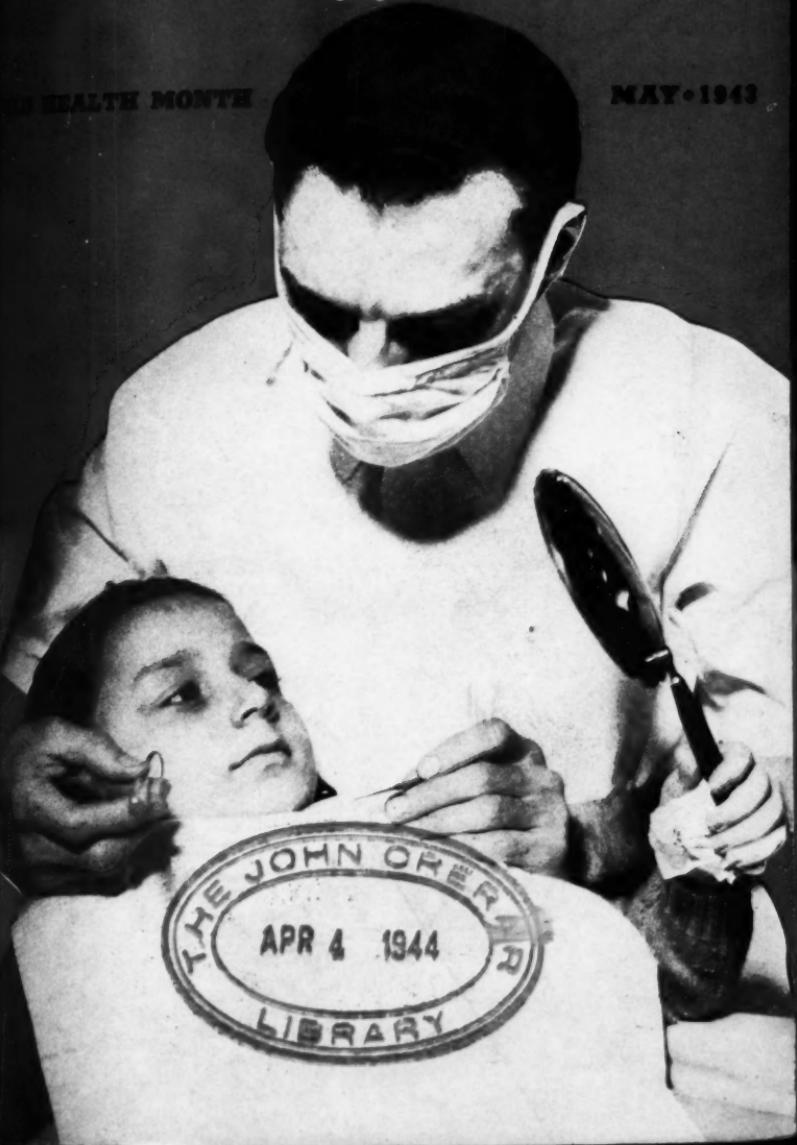


Oral Hygiene

HEALTH MONTH

MAY 1943



THE TIME
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York, N.

Care for the
INSTRUMENTS
You Cannot
REPLACE

Guard against tarnish, rust and corrosion of the instruments so essential to the practise of dentistry. They are priceless now because it is difficult to replace them.

With simple precautions to neutralize impurities in water which attack steel, instruments may be sterilized without damage to their appearance or usefulness.

Suggestions for safe sterilizing will be sent on request.

TRADE
CLEV-DENT
MARK

THE *Cleveland* DENTAL
MANUFACTURING COMPANY
CLEVELAND, OHIO • U.S.A.

★ O.D.T.

O.E.M.

W.P.B.

O.P.A.

A B C D E F

★ When the alphabet

settles back to normal

A B C D E F G H I J K L M O P

When the alphabet settles back to normal . . . and "priority" again means just a customer's emergency rush order . . . will your business settle back to pre-war level, or will it be better—or worse—than before the War?

We know you can't answer that question with 100% accuracy, but we also know that a lot of you are taking the right steps now to insure a highly satisfactory answer later. You are not letting your customers forget you—you are keeping your product and its advantages before your market continually (even though you have nothing to sell for the duration)—you are (those of you who can) forecasting greatly improved products which will be on the market "when the alphabet settles back to normal."

You are doing all this at minimum cost in the effective advertising pages of Oral Hygiene. You know that you can depend on these pages to produce results for you *now* and *later*. For over 32 years,

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years,

Oral Hygiene has been constantly creating the type of loyal, habitual reader-interest that helps build and hold markets for advertisers.

Now the confidence which dentist-readers place in Oral Hygiene's leadership in the dental field is more valuable than ever before. Now Oral Hygiene's action in influencing dentists' thinking, buying, and *remembering* plays a larger part in long-range dental marketing than ever before. Now it is doubly important to keep your name and product constantly before the profession . . . for the duration of the War . . . *for the duration of your business* . . . in the effective advertising section of

Oral Hygiene

THE MAGAZINE WHICH HAS, FOR OVER 32 YEARS, CONSISTENTLY LED IN RESULTS



**5 cents a year per
dentist buys twelve
double-page spreads
in ORAL HYGIENE**

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232

IMPROVED PRESSION CREAM



Tougher Than Ever!

Tougher, stronger, with resilience and elasticity. There is no brittleness to D-P Impressions.



Accurate to the Nth Degree!

Your technician can do better work when accurate impressions are given him to start with.

The NEW D-P Impression Cream is WHITE

We've changed over from the light tan formerly used for purposes of ready identification. All those outstanding qualities which made D-P dentistry's favorite Impression Cream are present, plus the new features mentioned. No fixing tablets or solution needed.

Ask your dealer.

DENTAL PERFECTION CO.

MANUFACTURERS OF

2323 W. WASHINGTON



DENTAL SPECIALTIES

LOS ANGELES, CALIF.



Acryfoil

REG. U.S. PAT. OFF.
AND IN
FOREIGN COUNTRIES

BETTER THAN TINFOIL FOR PROCESSING ACRYLIC DENTURES

Acryfoil greatly simplifies processing acrylic dentures. It gives dentures a hard, smooth, glossy, polished surface, saving much time usually spent in finishing and polishing. Leaves no wrinkles.

Non-inflammable. Contains no harmful solvents.

2 oz. Bottle.....	\$1.00
8 oz. Bottle.....	\$2.00

from Your Dealer or Direct

ROCKLAND DENTAL CO., Inc.
Laboratories — 143 W. 41st St., New York

MARTIN WAXES



For more than a quarter of a century, Martin Waxes have been standard in dentistry. In your own laboratory, you'll find they are unusually strong; easy to work with; economical. We recommend—particularly—Martin's famous No. 365 Wax.

Order through your supply house . . . specify "Martin."

MARTIN RUBBER CO.
LONG BRANCH, N. J.

**At no cost to yourself,
you can help
a brave brother dentist**

ORAL HYGIENE prints this advertisement in an effort to help a courageous dentist, Dr. Russell Panzica. Under 40, Doctor Panzica is the victim of multiple sclerosis.

Unable to practice, he is working bravely to support his family by selling magazine subscriptions. You can send him your 1943 renewal orders now, and at publishers' regular rates:

The Reader's Digest: \$3 yearly; \$5 for two years. Gift subscriptions, for boys in military service, are only \$1.50 each.

Coronet: \$3 yearly; \$6 for two years. Special: \$1 for 6 months.

Esquire: \$5.00 yearly.

Time: \$5 yearly; \$3.50 yearly for boys in military service.

Life: \$4.50 yearly; \$3.50 yearly for boys in military service.

Fortune: \$10 yearly; \$6 yearly for boys in military service.

You may also include subscriptions for any other magazines.

Please make your checks payable to the magazines themselves, but send to

Russell Panzica, D.D.S.

717 Seventh St.

Buffalo, N. Y.

The Heidbrink Simplex You've Wanted.... Must stand aside for War's demands

WAR demands many things—including anesthesia apparatus to be used for the armed forces, on the high seas, the desert sands of Africa, or some other theater of war.

So for the duration the production of Heidbrink analgesia and anesthesia equipment for civilians is limited. Your present gas machine will doubtless have to carry a greater load than ever.

Ohio Chemical is ready to help you conserve your equipment and keep it in perfect condition. Just ask your Ohio representative to check your gas machine the next time he calls. He'll gladly make minor repairs on the spot. Other repairs will be made at one of our repair stations which are located so as to provide nation-wide service. We urge you to take full advantage of this assistance.

THE OHIO CHEMICAL & MFG. CO.

Pioneers and Specialists in Anesthetics

1177 MARQUETTE STREET, CLEVELAND, OHIO

Branches in all Principal Cities



In addition to meeting military requirements for Vitallium coast-

Get Out &

In addition to meeting military requirements for **Vitallium castings** produced by the **Microcast Precision Process**, we and our Distributor Laboratories throughout the Nation are providing dental prostheses and surgical appliances for the conservation of oral health in our armed forces and in our war factories.

Good oral health is a military and civilian imperative in a total war effort and Vitallium is faithfully discharging its duty.

For precision, prescribe Vitallium.



TRADE MARK REG. U. S. PAT. OFF.

NEW YORK AUSTEN TINAL LABORATORIES, INC., CHICAGO

Conserve Chair Time—Send your cases to a
VITALLIUM LABORATORY

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8

A fresh towel for each patient
but no laundry problem!

- Soft, comfortable Professional Towels are used once and thrown away! No dirty towels to keep around, no delay in getting them back from today's overworked laundry services. Made principally of cotton with absorbent facing and moisture-repellent backing. Size, 19" x 14", folded for easy handling and storage. Boxes of 100 and 500.

ORDER FROM YOUR DEALER



PROFESSIONAL TOWELS

DENTAL DIVISION

Johnson & Johnson
NEW BRUNSWICK, N.J.
CHICAGO, ILL.

The Publisher's Corner

By Mass

Number 263

YOU CAN'T GET MAD WHEN YOU'RE LAUGHING

AS THOUGH it were yesterday, here at ORAL HYGIENE we all remember the afternoon Sam Stanley wired from the New York office, suggesting that we take a look at page so-and-so in that week's *New Yorker* magazine which had just hit the newsstands. One of us raced to the nearest stand and came back here on a dogtrot.

One of *The New Yorker's* big pages and half of the next page were all about ORAL HYGIENE. Most of the staff clustered about the single copy, reading it over each other's shoulders. Emotions became mixed. The title of the piece, by S. J. Perelman, was "Nothing But the Tooth." If you know about Perelman, you would know what to expect. Robert Benchley, a distinguished nutso writer himself, in a two-sentence appraisal confessed that the *New Yorker* writer "has driven the rest of us to writing articles on economics. In the dementia praecox field he is in a class by himself!"

If you're thin-skinned, or if your sense of humor isn't elastic enough to cover cases in which you are the one who gets ribbed, you wouldn't relish Perelman's cuckoo comments about you—or your darling magazine. Some of us loved what

he'd written; some of us didn't. Privately, this department was delighted, figuring that one way to become famous is to have someone give you a going-over in *The New Yorker*, no matter how roughly you're handled.

"Nothing But the Tooth" concentrated mainly on the "Ask ORAL HYGIENE" department. Perelman started off: "I am thirty-eight years old, have curly brown hair and blue eyes, own a uke and a yellow roadster, and am considered a snappy dresser in my crowd. But the thing I want most in the world for my birthday is a free subscription to ORAL HYGIENE . . . In the event you have been repairing your own teeth, ORAL HYGIENE is a respectable smooth-finish magazine . . . circulated to your dentist . . . It is a confessional in which dentists take down their back hair and stammer out the secrets of their craft." Perelman had come upon ORAL HYGIENE in his dentist's reception room, which, parenthetically, is no place to display your dental journals. He'd read Howard Raper's "Thirty Reasons Why People Stay Away from Dentists"—which we were running at the time—then he discovered Doctors

(Continued on page 606)

7 ways TO GIVE INFANTS AND CHILDREN THEIR DAILY VITAMIN REQUIREMENTS

FOR INFANTS:



1. FORMULA — one of the easiest ways to give vitamins is to add Vi-Penta Drops to the baby's formula or milk.

FOR CHILDREN:



2. ORANGE JUICE, tomato juice, or any fruit juice makes an excellent vehicle for Vi-Penta Drops.

FOR CHILDREN:



3. MILK. The flavor of even such a bland food as milk is not affected by the addition of Vi-Penta Drops.

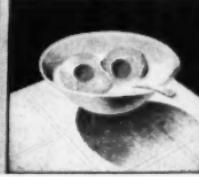
FOR CHILDREN cont'd.:



4. CEREALS are good bases to which to add the child needed additional vitamins at breakfast time.



5. VEGETABLES, served with the noon or evening meal, can be enriched with Vi-Penta Drops, too.



6. FRUITS. Vi-Penta Drops seem to have a natural affinity for stewed fruits—apricots, apples, prunes, etc.



7. DESSERTS. Many mothers enrich desserts and puddings with Vi-Penta Drops.

...using easy-to-use Vi-Penta Drops that do not affect the flavor of food

Here is a remarkable liquid multivitamin preparation which makes it possible for the dentist to prescribe a liberal vitamin regime that the mother can easily carry out. Not only do Vi-Penta Drops contain 5 principal vitamins (see chart), but these drops also possess the remarkable advantage of mixing readily with various foods, *without affecting the taste*. When you prescribe Vi-Penta Drops, suggest their use in the several ways pictured here. Mothers will appreciate the information.

Supplied in 15-cc glass vials with calibrated droppers. Also 60-cc unit package containing four 15-cc vials.

Vi-Penta Perles—tiny gelatin globules, each containing the same amount of the vitamins as 10 minimis of the Drops. Supplied in packages of 25, 100, and 250.

VI-PENTA DROPS 'Roche'

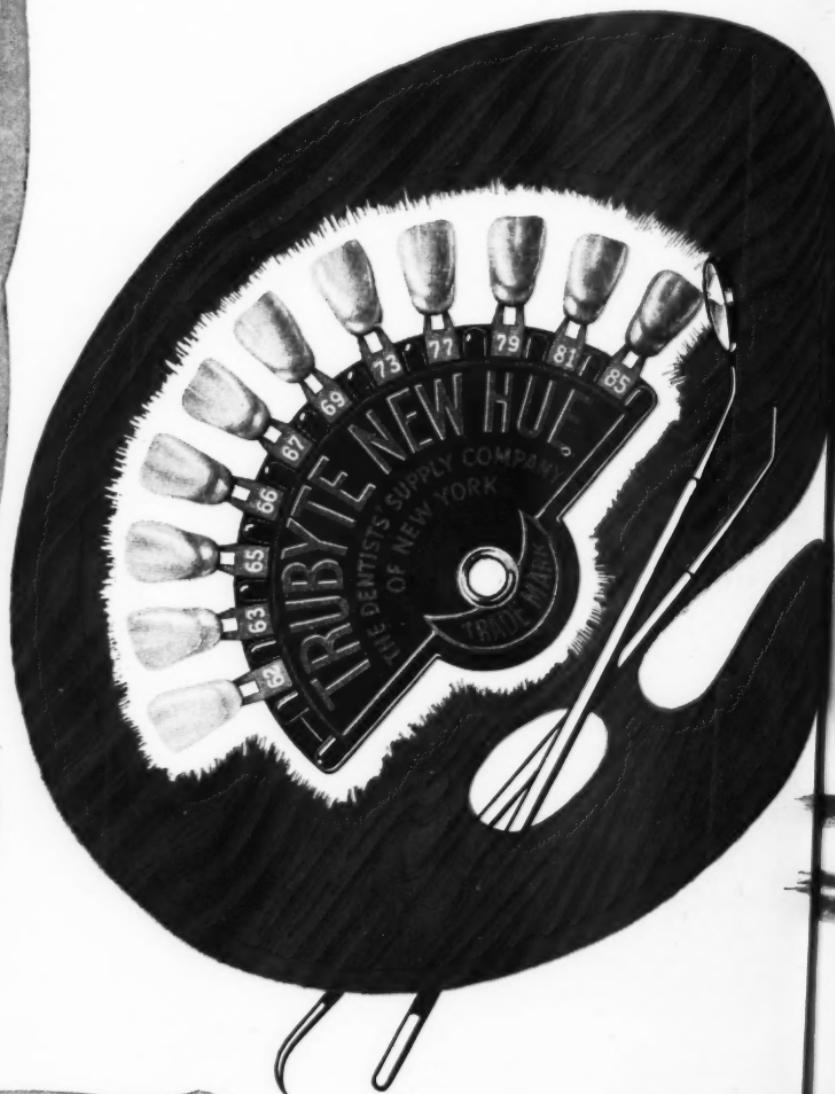
Hoffmann-La Roche, Inc., Nutley, N. J.

10 minimis of }
Vi-Penta Drops } contain:
A 4000 U.S.P. units B₁ 333 U.S.P. units B₂ 100 gamma riboflavin C 500 U.S.P. units



D 400 U.S.P.
units

PROSTHETICS . . .



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THE DEN

One of the Finer arts

**On Its Finer Expression Depend
the Patient's Appearance, Poise,
Confidence . . . His Happiness**

NATURAL teeth are fluorescent. They reflect not only their own colors, but colors which they absorb from the surrounding tissues.

Teeth that are to satisfactorily replace natural teeth . . . that are to belong . . . must be fluorescent. They must have natural colors which can be chosen to harmonize with the general complexion. Then they must take up and reflect the colors of the individual complexion.

That means Trubyte New Hue shades in translucent and fluorescent porcelain!

TRUBYTE NEW HUE TEETH

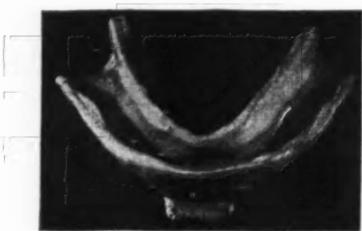
- ★ The Forms You Need
- ★ The Shades You Need
- ★ The Sizes You Need

for a finer expression of your skill

THE DENTISTS' SUPPLY COMPANY OF NEW YORK
220 West 42nd Street • New York, N.Y.

SAVE TIME SAVE MONEY

ACKERMAN TRABASE SOLVES YOUR INDIVIDUAL TRAY PROBLEM



1 to 2 hours valuable laboratory time is saved when you use ACKERMAN TRABASE.

Then, too, the cost is but a fraction of Vulcanite or Metal Trays.

CHECK THESE FEATURES

1. TRABASE is high fusing and will not distort from mouth temperature or **LOW HEAT COMPOUND**.
2. Additional material can be added if overtrimmed.
3. Easily adapted with Bunsen Burner in 10 minutes.
4. No waiting for processing—save 1 to 2 hours laboratory time.
5. Costs less than 15c each.
6. Double thickness assures strength and rigidity.

For Accurate Try-Ins Use
ACKERMAN TRIALBASE
Same composition in Base Plate thickness
—Non Warping

Trabase price—\$1.75 dozen—four dozen \$6.25.
Trialbase—90c dozen.

Order from your dealer—no orders direct, please.
Money Back Guarantee

ACKERMAN DENTAL MFG. CO.
Santa Monica, California

(Continued from page 602)

Smedley and Warner's famous "Ask ORAL HYGIENE" department, and thereafter ran amok among the questions and answers. Naturally, Perelman didn't know what it was all about; but if you're a top-billing humorist, you don't need to know any facts. They just cramp your style; that never happens to Perelman.

In a few days, we began to hear from dentists about the article. Some of them were incensed. We had been in the habit of becoming incensed ourselves when newspapers and national magazines made fun of dentistry, so we could understand. But the CORNER didn't get mad this time. You can't get mad when you're laughing.

A little while ago, Assistant Editor Marcella Hurley sent along a note to the effect that Random House had gathered up a lot of Perelman's pieces, including "Nothing But the Tooth," and put out a book called "The Dream Department." That started one of us racing to the nearest bookstore.

Although some staff members won't like it, and some dentists won't either, it's been fun reading about ourselves again—and it makes you feel famous to be part of a two-dollar cloth-bound book.

You love to suggest strolling through a bookstore with a friend, if you know they're displaying "The Dream Department." You sidle over to the stack, languidly pick up a copy, and just happen to turn to page 11. "My, my," you say in what seems a bored tone, "Something about us."

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otherwise, Al...



JOHN DOE, D.D.S. ... AND TURKISH BATH ATTENDANT!

ONE WAY to keep down high temperature and humidity in your office this summer, and still achieve dependable instrument sterilization, is to employ Metaphen Disinfecting Solution. This widely used agent is designed for the *cold* disinfection of dental instruments, and may be relied upon, in the absence of much blood and exudate, to kill common vegetative pathogenic bacteria (except tubercle bacilli) *in less than ten minutes*. In common with the boiling technique, it may not be depended upon to kill all pathogenic spores; hence should not be used for instruments employed in operating on cases of gangrene or anthrax. It has no offensive odor or irritating fumes to annoy you or your patients. After disinfection, your instruments need not be rinsed or dried,

since the solution is nonirritating to the skin and oral tissues, and does not leave a gummy deposit to interfere with the free-action of hinged or jointed instruments. • Because Metaphen Disinfecting Solution does not pit or dull cutting edges, you may save much time in resharpening instruments. Too, you will find that this solution is quite stable and may be used for a considerable period without a marked decrease in its sterilizing efficiency. • Why not order this time-saving, *cold* disinfecting solution NOW from your favorite pharmacy? During the hot summer months you will especially appreciate its many advantages. Metaphen Disinfecting Solution is available in economical 1-quart and 1-gallon bottles. ABBOTT LABORATORIES, North Chicago, Ill.

Metaphen* Disinfecting Solution

REG. U. S. PAT. OFF.

*Metaphen is the registered trademark
for 4-nitro-anhydro-hydroxy-mercury-
crescet, Abbott

Accepted by the Council on Dental Therapeutics of the American Dental Association

S. S. WHITE CEMENTS

Fulfill all dental requirements

THEY ARE STRONG • "ADHESIVE" • DURABLE



ZINC CEMENT IMPROVED

Outstanding among zinc phosphate cements for its great strength, holding power, and durability. Use it for cementing gold crowns, bridges, inlays, orthodontic bands, for dressing seals, liners, steps, or bases under inlays, silicate and amalgam fillings requiring pulp protection, also for permanent fillings in deciduous teeth, and temporary fillings in permanent teeth.

Technique booklet No. 3240 on request.

SILVER CEMENT IMPROVED

(2% silver phosphate) Anodyne

Has the strength, holding power and durability afforded in Zinc Cement Improved plus the extra germicidal protection of silver phosphate.

Indicated for cementing gold crowns, gold inlays in posterior locations; for temporary fillings; and for liners, steps or bases in posterior locations when close proximity to the pulp limits excavation, and when a potent, self-limiting germicide, and anodyne action are desired. Turns dark gray on exposure to light.



RED COPPER CEMENT

(25% red copper oxide)

Indicated for children's dentistry, temporary fillings in permanent teeth, dressing seals; for cementing gold crowns and gold inlays in posterior locations when a germicidal cement is desired.



THE S. S. WHITE DENTAL MFG. CO.
211 S. 12th STREET PHILADELPHIA, PA.

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THE S. S.

Plug Gold

IN PITS, FISSURES AND CERVICALS!



More and more dentists are turning to soft gold for filling pits, fissures, and cervical cavities, when permanence is the objective. These fillings may be completed in one sitting—time is saved and better fees acceptable.

S. S. WHITE (PACK'S) GOLD CYLINDERS

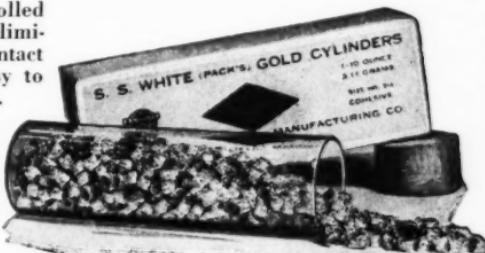
Crinkly foil of pure gold rolled loosely into cylinders which eliminate cutting, rolling, and contact with the hands. They are easy to anneal, and they build rapidly.

Cohesive

Nos. $\frac{1}{2}$, $\frac{3}{4}$, 1, 2, and assorted 1/10 oz. \$6.40
1/40 oz. 1.70

Non-Cohesive

Nos. $\frac{1}{2}$, $\frac{3}{4}$, 1 and assorted 1/10 oz. 6.40



S. S. WHITE *CORONA GOLD



*Trade-mark reg. in U. S. Pat. Office and elsewhere.

A mass of pure gold fibers like the threads of a cobweb laced together in strips. It's ready to use—no laying out of sizes, no cutting, no folding. Take as much as you want from the strips, anneal, and commence packing. Corona Gold is indicated in cases of extreme sensitiveness, and where frail walls prohibit the use of a mallet—it yields so readily under the plunger, and builds rapidly.
1/10 oz. \$6.40 1/40 oz. \$1.70

S. S. WHITE GOLD FOIL COHESIVE AND NON-COHESIVE NO. 4

For those who like to cut and roll foil to suit individual preference, particularly for those who like to rope it. S. S. White Gold Foil has the softness, the "feel" that gold workers like; and its good working qualities are uniform.

1/10 oz. in book

\$6.30



FOR SALE BY YOUR LOCAL DEALER

Write for folder No. 3432 which tells how to care for and anneal foil gold.
THE S. S. WHITE DENTAL MFG. CO., 211 S. 12th Street, Philadelphia, Pa.



ASK YOUR DENTIST how to brush your teeth correctly. Incorrect brushing can be harmful. Follow your dentist's advice and make the home care of your teeth and gums more effective. Children, too, should learn to brush correctly just as soon as they are old enough.



*Increasingly essential
in your practice*

NOW that you are relying on anesthesia daily to save more patients pain, thus conserving time and energy for additional appointments, Cook-Waite solutions are increasingly essential in your practice. For all normal procedures, NOVOCAIN with COBEFRIN gives quick, smoothly-induced anesthesia with the tolerance you demand. When longer operating time is needed, NOVOCAIN-PONTOCAINE with COBEFRIN provides it with equal freedom from side reactions. Write for literature on *both* today.

COOK-WAITE
Laboratories, Inc.

170 Varick Street, New York, N. Y.
Laboratories: Rensselaer & Springville, N. Y.

NOV



you practice

Behind COOK-WAITE ANESTHETIC SOLUTIONS

these exclusive advantages

...The research facilities of laboratories not surpassed anywhere in the world in their work on Local Anesthesia.

...The knowledge, skill and experience of the originators of the cartridge method of injection.

...Complete Cook-Waite control not only over the finished solutions, but over the ingredient drugs as well.

...Cobefrin as the vasoconstrictor -- with its unquestionable reputation for minimizing side-effects.



NOVOCAIN-COBEFRIN OR NOVOCAIN-PONTOCAIN-COBEFRIN

Cobefrin, Postocaine, Novocain: Reg. Trademarks, Winthrop Chemical Company, Inc.



THERE IS Prophylaxis IN NUTRITION, TOO

In medicine as well as in dentistry prophylaxis of local disease processes is being broadened to include measures which enhance the defensive forces of the organism. In dental prophylaxis, this concept demands the development of a good state of nutrition, since only in this way can dental caries be minimized, deformities lessened, and gingival disease prevented.

For this purpose New Improved Ovaltine serves a highly valuable function, since it provides virtually all of

the essential nutrients needed: vitamins A and D and the B complex, biologically adequate proteins, calcium, iron and other minerals, and readily assimilated caloric food energy. Two or three glassfuls of Ovaltine, added to the average diet, brings the intake of metabolic essentials to the optimum level, thus providing a notable safeguard in the maintenance of oral health and the prevention of dental disease. The Wander Company, 360 N. Michigan Ave., Chicago, Ill.

2 KINDS
PLAIN AND CHOCOLATE
FLAVORED



NEW IMPROVED
Ovaltine

Three daily servings (1½oz.) of New Improved Ovaltine provide:

	Dry Ovaltine	Ovaltine with milk*	Dry Ovaltine	Ovaltine with milk*
PROTEIN . . .	6.00 Gm.	31.20 Gm.	COPPER . . .	0.5 mg.
CARBOHYDRATE . . .	30.00 Gm.	66.00 Gm.	VITAMIN A . . .	1500 U.S.P.U.
FAT . . .	3.15 Gm.	31.5 Gm.	VITAMIN D . . .	405 U.S.P.U.
CALCIUM . . .	0.25 Gm.	1.05 Gm.	VITAMIN B ₁ . . .	300 U.S.P.U.
PHOSPHORUS . . .	0.25 Gm.	0.903 Gm.	RIBOFLAVIN . . .	432 U.S.P.U.
IRON . . .	10.5 mg.	11.9 mg.	NIACIN . . .	1.28 mg.
				7.1 mg.

*Each serving made with 8 oz. milk; based on average reported values for milk.

Sal Hepatica's LIQUID BULK

1

Helps stimulate peri-
staltic muscles.

2

Aids in maintenance of
proper alimentary wa-
ter balance.

3

Assists in the neutraliza-
tion of excessive
gastric acidity.

4

is useful in promoting
bile flow.



Loops of a dog's ileum isolated and
ready for LIQUID BULK experiment.



Loops of ileum being filled with a
laxative solution of Sal Hepatica.



Loops containing Sal Hepatica solution
replaced in peritoneal cavity for one hour.*



.34 per cent increase in Liquid Bulk
of Solution A after one hour.

*Solution A contained laxative dose, 2 teaspoonfuls of Sal Hepatica in 8 oz. of water.

BIOLOGICAL TESTS

SHOW HOW SAL HEPATICA INCREASES LIQUID BULK

Because the profession
recommends gentle yet
thorough relief for consti-
pated patients, Sal Hepati-
ca has achieved an en-
viable reputation among
saline compounds.

Recent biological tests
have conclusively proved

the production of *Liquid Bulk* in the bowel by Sal Hepatica. Dentists find Sal Hepatica's *Liquid Bulk* action helpful in treatment of periodontoclasia, pulp infection, chronic abscesses, Vincent's Angina and sinus involvement.



Bristol-Myers Company, 19 West 50th Street, New York, N. Y.

★ ★ ★

SAL HEPATICA

supplies Liquid Bulk to help Flush the Intestinal Tract



THE SOLVENT
ATTACK TEST

VERNOVEN

makers and distributor pure

"GO"

"NO-GO"

VERNONITE denture material is compounded of basic ingredients formulated exclusively for VERNONITE. But before these are accepted, they must pass rigid physical and chemical tests, like the "go or no go" tests for the precisely functioning parts of an airplane engine.

Allocations or no allocations, the chemists who formulate VERNONITE are as fussy as ever. Acrylic material of the commercial standard gets the "no go" here, no matter how much of it may be obtainable.

For example, no methacrylate powder that we know of, except the VERNONITE special, will stand the "solvent attack test"—a clue to the powder's degree of polymerization, hence its suitability for long service in the mouth. It is a tough test which no "weak sister" can get by.

The "solvent attack" test is just one of several simple but ingenious means the VERNONITE chemists have worked out for distinguishing between genuine VERNONITE ingredients and gay deceivers.

The basic materials for VERNONITE are manufactured by Rohm & Haas Co., to our specification and are furnished for no other product. They contain no plasticized or commercial standard material.

DENSHOFF CO. P. O. BOX 1587
PITTSBURGH, PA.

A pure methacrylic VERNONITE



A dentist's hands

OF ALL the instruments a dentist uses, the most precise and most valuable are his hands. On them depends the transmission of his thorough scientific knowledge and great experience into practice.

But these precious hands are human. They are especially vulnerable to skin troubles because of the drying and irritating effects of plaster of Paris, Novocaine and repeated washings.

Dentists all over America are forever plagued with dried out and painfully chapped hands. Scores of them have written in to tell of the great help they have obtained from medicated Noxzema Cream.

For your information—Noxzema is a modernization of Carron Oil, fortified by the addition of Menthol, Camphor, Oil of Cloves and less than $\frac{1}{2}\%$ of Phenol, in a greaseless, solidified emulsion. Its reaction

is slightly alkaline—the pH value being 7.4.

This medicated cream not only smooths and softens dry, reddened, roughened hands but also helps heal the tiny cracks that so often occur with chapping. Used frequently during the day Noxzema helps prevent irritated skin conditions.

Noxzema is ideal for the busy dentist because it vanishes quickly, and is neither sticky nor perfumed. Its clean, fresh fragrance is in keeping with a dentist's standards of hygiene.

Won't you try Noxzema for hand comfort? And try it for a smoother, easier shave, too, especially if your beard is tough and skin sensitive.

Let us send you a full-size jar of Noxzema without obligation. Just drop a post card to the Noxzema Chemical Company, Dept. E-9, Baltimore, Md.

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Powder good to mind substantial p

US: Fran



DENTIST
US: Yes
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copies to

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I'm no Doubting Thomas, but...



DENTIST: Your claim that Pepsodent Tooth Powder polishes teeth *far brighter* is just too good to be true! I'm afraid the professional mind will be a little skeptical without substantial proof.

US: Frankly, we were amazed, too. But briefly,

here's the story. Pepsodent Laboratories tested and proved Pepsodent Powder's superior polishing ability. Then independent laboratories confirmed and expanded Pepsodent's original research. Finally, practical in-the-home tests on identical twins gave naked-eye proof that Pepsodent polishes teeth *far brighter*!



DENTIST: Is this proof available to all dentists?

US: Yes, we've wrapped it all up in two short booklets describing the Twin Tests and the previous laboratory research. Send for your free copies today!

Thank You, Doctor!

We appreciate your continued support and recommendation of Pepsodent products. Although wartime restrictions keep us from sending you samples as we would like to do, you may be sure that you will again receive them as soon as production permits.

THE

PEPSODENT
COMPANY

The Pepsodent Company, Dept. 8405
141 West Jackson Blvd., Chicago, Illinois

Please send me gratis:

- "Seeing Double - A True Story About Identical Twins"
- "Lustre Production by Tooth Powders"

Name _____

Address _____

City _____

State _____

PERFECTLY
BALANCED

GARHART

Flexible SYNTHAY PORCELAIN

NATURALNESS — TRANSLUCENCY — HIGH POWDER ABSORPTION — E

GARHART Synthay Porcelain
balanced satisfaction . . . a
product at an economy price.

Garhart Synthay Porcelain is extremely plastic. Does not mix too stiff. If mix is not quite stiff enough, sets firmly in the mouth, nevertheless.

With Garhart Synthay Porcelain you use your old technique, nothing new to learn. Dense, strong fillings assured.

Perfected Garhart Synthay Porcelain is supported by more than 20 years of research and successful performance.

SYNTHAY PORCELAIN COSTS $\frac{1}{3}$ LESS
THAN OTHER FINE PORCELAIN

Special Introductory Offer at

Complete 4-color outfit with small shade guide, 4 full portion sizes of powder, 2 full double sizes of liquid, 1 each large Varnish and Solvent.

ORDER SYNTHAY PORCELAIN FROM YOUR DEALER

GARHART DENTAL SPECIALTY

FINE FILLING MATERIALS SINCE 1892

KENDALL SQUARE • CAMBRIDGE, MASS.

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YOUR WORDS MUST REPLACE SAMPLES

**When You Instruct Patients
About Cleaning Dentures**

With sampling strictly limited, your advice and recommendation alone must set the patient on the right path to keeping his new denture clean. Your words alone must impress upon him the importance of carrying out your instructions—no sample as a "reminder." Yesterday, when samples were plentiful, you could let them do their part of the work of getting patients to use the products of your choice. Today, however, the fate of the patient's denture—and the manufacturer's product—is exclusively in your hands.

Dentu-Creme Samples Severely Limited

Wernet's Dentu-Creme, too, has been severely limited in the distribution of free samples. However, we hope you will continue to tell your patients that this safe and efficient denture cleanser is still available at drug stores along with the specially designed Dr. Wernet's Plate Brush.

WERNET'S DENTU-CREME

Dr. Wernet's Plate Brush

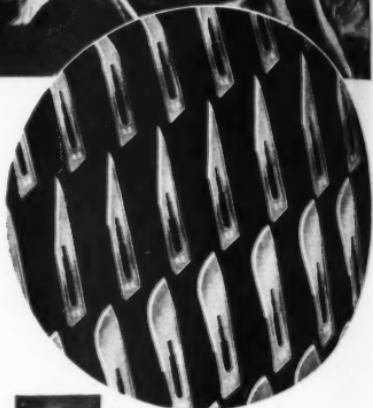
Traditional Supremacy...



More than ever, *Quality Maintenance* is vital to the successful attainment of the military or surgical objective. Whether it be the forging of steel for superior blades of vengeance, or the processing of superior blades of mercy . . . dependable quality counts, today.

**BARD-PARKER
RIB-BACK BLADES**

continue to provide and maintain the desirable features which have resulted in their acknowledged superiority over the years. Greater strength . . . superior sharpness with uniformity . . . longer cutting efficiency . . . are factors indicative of their unexcelled qualities and economy of use. On the far-flung battle fronts, at home and abroad, Rib-Back Blades are being supplied in ever-increasing volume.



It's Sharp

Your dealer can supply you

BARD-PARKER COMPANY, INC.
DANBURY, CONNECTICUT

B.P

A BARD-PARKER PRODUCT



YOUR gift of cigarettes to men in service is the most welcome of all remembrances. And the preferred brand, according to actual survey, is Camel.*

Send Camel—the cigarette noted for mellow mildness and appealing flavor. It's one way, and a good way, to express your appreciation of the sacrifices being made by our fighting forces.

Camels in cartons are featured at your local tobacco dealer's. See or telephone him—today—while you have the idea in mind.

**With men in the Army, Navy, Marine Corps, and Coast Guard, the favorite cigarette is Camel. (Based on actual sales records in Post Exchanges and Canteens.)*

Remember, you can still send Camels to Army personnel in the United States, and to men in the Navy, Marines, or Coast Guard wherever they are. The Post Office rule against mailing packages applies only to those sent to men in the overseas Army.

CAMEL COSTLIER TOBACCO

BUY WAR BONDS AND STAMPS

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TYPE C — HARD*

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Carmichaels,
Three-Quarter and Full
Crowns and All
Abutments

A HIGH platinum-content, gold color gold with the Strength and Hardness necessary to resist the heavy occlusal loads and abrasive action imposed upon Carmichaels, Three-Quarter and Full Crowns and Bridge Abutments.

Exceptional Resistance to Mouth Discoloration.

GOLD COLOR
per dwt. \$2.11

*Certified to Meet A.D.A. Specification
No. 5

GOLD Justifies Dentistry's Belief that Nothing
is Too Good for the Human Mouth.

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DENTAL GOLDS & SPECIALTIES
136 West 52nd St., New York, U. S. A.

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to Jelenko through your
dealer or direct. Accurate
assay; prompt report.

Oral Hygiene

VOL. 33, NO. 5

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95% of GINGIVITIS CASES IMPROVED IN ONE MONTH TEST PERIOD!

Significant clinical investigation—supervised by practicing Dentists—showed that:

1. Out of a group of patients examined—795 had Gingivitis.
2. 95% of the Gingivitis cases improved in 30 days (after prophylaxis) by massaging their gums at home twice daily with Forhan's Toothpaste.
3. 100% of those who on examination had normal gums, maintained gums in healthy condition.

Don't you think these results should more than justify so many dentists recommending Forhan's for over a generation? Massaging the gums and brushing the teeth twice daily with Forhan's is an excellent home adjuvant to help guard against Gingivitis.

Forhan's

THE FIRST AND ORIGINAL TOOTHPASTE
FOR MASSAGING GUMS
AND CLEANING TEETH



J. H.
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708

Picture of the Month



Photograph by Howard A. Hartman, D.D.S.

J. H. REID, D.D.S., President of the Cleveland Dental Society, making an award to the lucky child during Children's Dental Health Day.

Ten dollars will be paid for the picture used in this department each month. Send your contributions with return postage to ORAL HYGIENE, 708 Church Street, Evanston, Illinois.

The Staggering Loss

FROM BROKEN APPOINTMENTS

By L. H. BERTELS, D.D.S.

ALMOST EVERY issue of every dental magazine contains an article about the shortage of dentists in the United States. This shortage is said to result from the number of men being called into the Service. To alleviate the shortage, it has been suggested that our dental schools be filled with students (some of whom are unqualified or perhaps trying to avoid the draft). Many of these dental students will continue to be poor material, or they will quit their studies as soon as the war is over.

The lay press is doing its share to panic the public with its "shortage of doctors" scareheads. Personally, I believe we have enough dentists and that the schools should continue to use the same high standards in accepting students. Much of the manpower shortage in dentistry is the result of lack of regulation. Regulation here does not mean socialism, communism, or any of the other isms professional men are allergic to—to regulate, in the dental field, means to tighten up your practice-production ratio.

Tighten up your practice-production ratio to overcome manpower shortage.

One of dentistry's weaknesses is broken appointments. Just add up the number of productive hours you lost last year because of broken appointments! It is safe to estimate that every dentist in the United States has at least one hour of broken appointments a week.

Using 70,000 as the number of dentists in the United States, that means the 70,000 hours are lost to dentists and their patients each week. Almost every dentist works 50 weeks a year, which means that the total number of hours lost to dental production is 3,500,000. From statistics I have read in various dental journals, it appears that the average dentist devotes 1500 hours to his practice each year, and that is a conservative figure. Dividing the total number of hours lost in this country from broken appointments by the number of hours the average dentist devotes to his practice in a year, we have 2333,

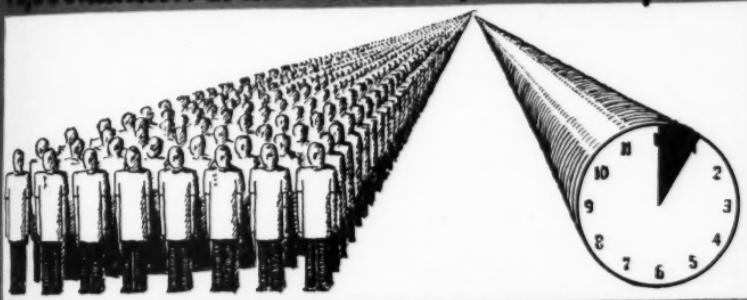
Each week BROKEN APPOINTMENTS cost average

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12	13	14	15	16	17	19
20	21	22	23	24	25	26
27	28	29	30			

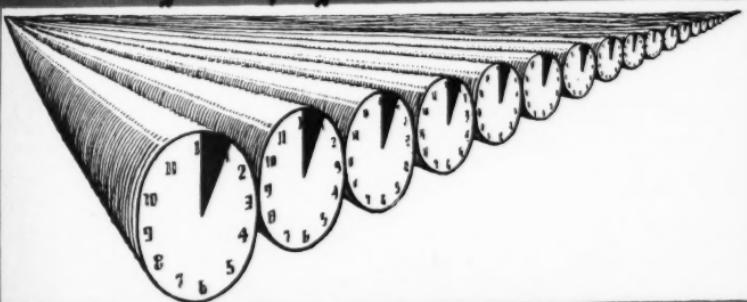
dentist
ONE HOUR



70,000 dentists in the U.S. lose 70,000 HOURS per week.



In 50 working weeks per year 3,500,000 HOURS are lost



3,500,000 HOURS = Production time of
2333 ADDITIONAL DENTISTS

a figure equivalent to the number of dentists in the United States who would be unemployed for one year. In other words, *the loss of one production hour a week by 70,000 represents the total production time of 2333 dentists for one year.*

The State of Texas has approximately 2271 dentists; Minnesota, 2311; neither state quite as many as the man-hours lost to dentistry each year. Connecticut has about 1355 dentists, almost one thousand less than the 2333 "unemployed" dentists caused by broken appointments in one year. This number is four times the combined dental population of North and South Dakota—imagine what it would be like if Minnesota, Texas or the Da-

kotas or Connecticut had not one dentist to care for the people. Only ten states have more than 2333 dentists listed, and these are densely populated. Think of the loss to the dental profession and to the public those 3,500,000 hours mean! And we must remember that in almost every case in which an appointment is broken, another patient could have used that time to advantage.

At this time, when the words *manpower, quota, shortage, procurement objective* are becoming part of the public's vocabulary, we must emphasize what broken appointments can do to the balance being maintained between military and civilian dentistry.

Slayton, Minnesota.

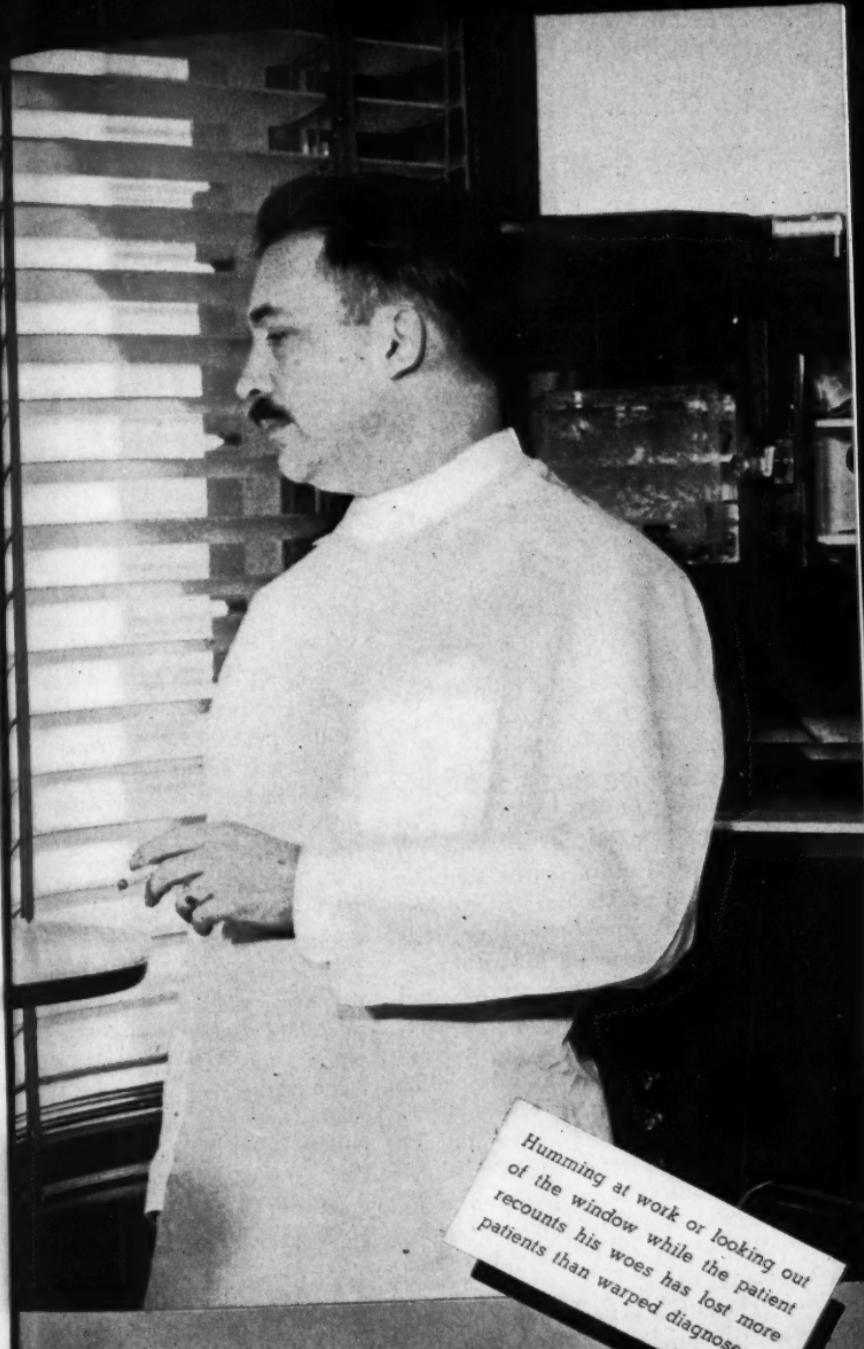
"THEY'LL DO IT EVERY TIME"



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*Humming at work or looking out
of the window while the patient
recounts his woes has lost more
patients than warped diagnoses.*

HOW TO KILL A DENTAL PRACTICE

"We are creating dissatisfaction with dentistry."



By A. B. BRADLEY, D.D.S.

AS THE DEMAND for all types of dental services increases, and the number of practicing dentists does not increase proportionately, it is extremely important for us to allocate or distribute our services and types of service with extreme care.

Public education by dental organizations, schools, and the radio, on the value of periodic dental care, is creating an ever-increasing demand. Better economic conditions and inability to buy numerous non-essential things multiplies this demand which will be present even in normal times.

The public is becoming confused and dissatisfied with the distribution of dental and medical services and is certainly susceptible to al-

most any plan of government-controlled health organizations.

What, if anything, are we going to do about it? To illustrate the present conditions let us take a picture of an average dental office in a medium-sized city.

Doctor Dentico has his appointments filled for a period of two weeks or two months. He is busy preparing a tooth for an inlay or porcelain jacket crown. The telephone rings. Mrs. Hustle Bustle has lost a restoration or broken a tooth. She is told that she can have temporary relief for the sensitive tooth this afternoon or tomorrow, but must wait two weeks or two months for a restoration. She is mildly dissatisfied.

At five o'clock the same afternoon while Doctor Dentico is working on a school boy and has Mrs. Bustle waiting for relief, Mrs. War Worker calls and says her husband

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has been having a toothache for three nights and asks if the dentist will see him this evening. Being a new patient she is told to try to find some other dentist, or that Doctor Dentico does not keep evening appointments, or that his evening appointments are filled but if she cannot find someone else he will make an emergency of this case. After calling four dentists she is greatly dissatisfied.

The next morning Mrs. Put It Off has a short appointment for consultation in regard to dentures. She has finally summoned up enough courage to have her remaining seventeen teeth extracted and dentures made, but having the appearance of not being very well-to-do and wishing to pay her account in 12 monthly installments, she is told that it will be 6 to 8 weeks before she can have the service. She is extremely dissatisfied.

The same afternoon, Mrs. In The Money, a referred woman patient who wishes to have four anterior porcelain jackets made to cover the badly-discolored silicates in her incisors and is willing to pay \$60 apiece, is given a series of long appointments, three weeks hence, thereby having a lien on 12 hours of Doctor Dentico's time. Thus, when six ordinary, less-desirable patients call for more urgent service, they will be stalled off or turned away to spread more dissatisfaction with the availability of dental services.

Leaving Doctor Dentico we have

the case of a man who came in with a jumping toothache which was relieved by a cement filling and oil of cloves. He was told, however, that the necessary extraction will have to wait three weeks. He was not pleased.

The foregoing word picture is exaggerated purposely but if we sell a few patients complicated bite openings, extensive mouth reconstructions, and all of the other extremely technical and time-consuming techniques we are capable of, and then stall off or turn down a large number of patients who need ordinary extractions, cleanings (and I don't mean—prophylaxes) cement fillings, and treatments for Vincent's infection, are we not digging a grave for dentistry as we know it?

By trying to get all patients to subscribe to complete services at a high contract fee, we create much dissatisfaction with the health profession of dentistry.

There is a disease: Described fully above.

Injurious result: Social dentistry controlled by laymen.

Etiology: Mixed causes extending over a long period of time.

Treatment: Immediate operation of rationing of dental services by dentists.

Prophylactic Measure: Induce more students to take up dentistry as a profession or subsidize dentistry.

419 Pleasant Street
Beloit, Wisconsin

Despite strong professional opposition this pioneer woman built a successful practice in Iowa and Kansas before 1900.



America's First Woman Dentist

By EDWARD BUMGARNER

DOCTOR LUCY HOBBS TAYLOR

became the first woman dentist in America.

Lucy Beaman Hobbs was born in Ellinburg, Clinton county, New York, March 14, 1833. At the age of twelve the death of her mother left her without resources. Four years later she began to teach school, and continued for ten years. While teaching in Brooklyn, Michigan, she started to study medicine under the direction of a physician at that place.

NOT LONG before the beginning of the Civil War a girl in Ohio produced a stir in medical and dental circles by her presumption in trying to enter a profession. Custom and prejudice were against her. Precedents had to be defied and intolerant notions had to be overcome. This is the story of the woman who did these things and

In 1859 Lucy Beaman Hobbs went to Cincinnati with the intention of entering the Eclectic Medical College, which she understood was the only medical institution that would admit her as a student. Her hope was in vain, for that college, like all others, had a rule prohibiting the enrollment of women. The president was kind to her, however, and told her he would give her private instruction. Once he asked her why she did not take up dentistry. She thought it over and the next day decided to do as he had suggested.

Although she could not enter any dental college, she could learn dentistry in the office of a preceptor as most male dentists did at that time. She received permission from Doctor Jonathan Taft, Professor of Operative Dentistry in the Ohio College of Dental Surgery, to study in his office where she remained for three months. Then she entered the office of Doctor Samuel Wardell, whom she always remembered as a benefactor. During the time she studied under him she paid her expenses by sewing after office hours in her little attic room. After she had been in his office three months she made a set of artificial teeth that took the first prize at a "Mechanics' Fair" that was held in Cincinnati that year.

Early in 1861 she applied to the Ohio College of Dental Surgery for admission as a student, but was refused. Doctor Wardell then advised her to begin practice without a diploma. She followed his advice,

and on March 14, 1861, opened an office in a small room on Fourth street, Cincinnati. The country was then on the brink of the Civil War and, especially in Cincinnati, which was near the border, there was great excitement and confusion. Well-established dentists were not earning enough to pay their expenses. Miss Hobbs borrowed money from a friend to pay for the trip, and went to Iowa. She opened an office at Bellevue where people soon began to call—some out of curiosity to see "the woman who pulls teeth." Gradually she established her reputation as a dentist. The first year she made a living and saved enough to buy a \$100 dental chair. In 1862 she moved to McGregor where she soon built up a profitable practice, clearing \$3000 in her first year there.

By this time she was becoming well known among the dentists of the state, and they extended to her every courtesy as a co-worker in their profession. Through the influence of Doctor L. C. Ingorsol she was invited to attend the meeting of the Iowa State Dental Society in the spring of 1865. Though it was necessary to change a by-law which required graduation from a dental college as a prerequisite to membership, she was made a member of the society at that meeting, and was even chosen as a delegate to the National convention to be held at Chicago that year.

Professor Taft was present at the meeting and he was directed to

(Continued on page 641)



Hospitalization of Wounded:

A plan of hospitalization distribution for patients returning from overseas to the United States has been announced by the War Department. It provides for the transfer to general hospitals in the interior of the country, officers, Army nurses, warrant officers, enlisted men, dieticians, physical therapy aides, members of the WAAC, contract surgeons, and other military personnel who are to be kept under treatment and observation.



WAVES to Serve in Hospitals:

The Surgeon General of the Navy has requested the procurement of 5,800 Hospital Corps WAVES for assignment to hospital facilities in continental United States. These women will relieve hospital corpsmen for sea duty. When the program reaches its procurement peak, it is hoped that 100 technicians and 500 general service WAVES will be entering the service each month. The first group of WAVE technicians are receiving their instruction at Bethesda, Maryland, and San Diego, California.



Navy Medical News Letter:

The Bureau of Medicine will soon issue a Naval Medical News Letter, edited by Captain W. W. Hall (MC) USN, to be distributed by regular and by "V" mail

to Naval medical officers ashore and afloat. These letters will contain different classes of information of importance to all medical and dental officers, especially those serving in isolated areas. Abstracts of important articles in current scientific periodicals will be published.



Hospital Care Bill:

A new bill, providing for the expansion of existing facilities for the care of dependents of Naval and Marine Corps personnel and of civilian employees beyond the continental limits of the United States, has been introduced into Congress at the request of the Navy Department. This bill provides for limited dental care. In addition hospitalization of the specified dependents will be limited to those with acute surgical or medical conditions.

Care will not be granted to nervous, mental or contagious cases, nor to those requiring domiciliary care. Dependents entitled to this care include lawful wife, dependent children, (natural, adopted, or stepchild) under 21 years of age, dependent father and mother and widows of deceased Naval and Marine Corps personnel. Dependents of Coast Guard personnel will have a right to this care when the Coast Guard operates as a part of the Navy. Army regulations provide similar care for similar dependents of Army personnel.

The mobile dental gold are shown Hospital, V

NEW

A MOBILE
the Army

Brigadier C
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to Right: G
D. Timmons
D.C.



The mobile dental laboratory of the U. S. Army Dental Corps presented by the dental gold manufacturers. Some of the representatives of the manufacturers are shown beside the unit after the presentation ceremony at the Walter Reed Hospital, Washington.

NEW ARMY MOBILE LABORATORY

A MOBILE DENTAL laboratory for the Army Dental Corps to provide

prosthetic services to troops in combat areas was the recent gift of the dental gold manufacturers of the country. The gift was accepted by Brigadier General Robert H. Mills on behalf of the Surgeon General. The presentation was made by Doctor Gerald D. Timmons, vice chairman of the War Service Committee of the American Dental Association.

The dental gold manufacturers have announced that this is the first of several units to be presented to the Army. Funds have already been collected and made available to the Government for the other units. After the first mobile laboratory has been subjected to tests in the field under actual combat conditions the other units will be constructed.

(Continued on page 660)



Brigadier General Robert H. Mills inspecting the interior of the unit. Left to Right: General Mills; Doctor Gerald D. Timmons; Major Robert Appelman, D.C.

Dentists With Teeth . . .



The familiar come-on tactics of advertising dentists still victimize the public.

—FRANK W. BROCK

Patients Without

By FRANK W. BROCK

ONE OF THE favorite lures of Eastern advertising dentists is, "Extractions made, asleep or awake." This phrase is aimed at the yokel trade from the hinterlands. But the obvious answer—which few of the yokels have learned—is, "You'd better stay awake."

And the advertising blurb goes on: "A set of teeth for only \$1 down. \$1 delivers your plate. Pay while wearing, \$1 weekly. No budget charge."

But it isn't so. The so-called "budget charge"—the finance company's fee—either is openly added to the patient's bill (as a budget charge) or it is concealed as an "extra" of some sort. The "\$1 down delivers your plate," is also a delusion and a snare. The finance companies have something to say about that. It frequently works out this way:

The receptionist in the advertiser's office has one all-important duty—she introduces every new

patient to the "contractor." This suave individual is part diplomat, part Houdini, but mostly Shylock. He diplomatically gets all the information necessary, magically convinces the prospect that the service to be given is far more complicated and expensive than it actually is, and then exacts the last penny possible for the job. A good contractor is a jewel without price—that is, any fixed price.

Signs On Dotted Line

Before the patient leaves the contractor's office he pays the "dollar down" and signs a credit application. Unless the advertiser carries his own accounts—and few do today—this application is rushed to the finance company for checking. If the patient's credit record isn't good—and credit checking nowadays is an exact science—the service to be given is held up and it becomes the contractor's task to give the patient a "bush," a larger down payment from him. This is an art in which a good contractor excels.

Now the patient is in the bag. The office has his money and he has only a promise. When he calls for his teeth he is again shunted into the contractor's office where he is blandly informed that his credit cannot be approved and that unless he pays cash on the barrel-head his deposit will be forfeited. This is hardly an alternative, but needing something to chew with, the dupe usually obtains the money somewhere and puts it on the line.

"Come back in two days for your teeth," he is told.

During this interval the impression is taken down from the laboratory shelf and the denture is completed—sometimes haphazardly. Two days later the patient may be back foaming at the mouth—literally and figuratively. He is frequently told, after a couple of "try-ins," that nothing more can be



When he calls for his teeth he is again shunted into the contractor's office.

done for him without additional payments. The denture must be remade.

One obstreperous person, who had been given the run-around and a bad set of teeth, refused to complete his payments until his teeth were made to fit. We thus learn that the business ethics employed by at

May, 1943

least one of the Eastern advertisers are seemingly borrowed from the bucket shops and gyp furniture dealers who constitute the dregs of the trade in virtually every large city.

Who Is Abused?

Recently I had the privilege of examining the files of an Eastern branch of the Better Business Bu-



He is frequently told, after a couple of "try-ins," that nothing more can be done for him without additional payments.

reau, whose function it is to attempt to adjust the complaints of dissatisfied customers. To adjust them really is almost impossible. In all but a few cases the dentists maintained that the customer was wrong—contrary to the generally accepted principles of American business. What undeserved abuse the overbearing patients heaped on these poor, defenseless dentists—if

you were to believe them. Now this is a black picture, I know. A dentist is, after all, a college graduate. He is intelligent—or should be—and possesses patience, forbearance, and a high sense of justice. He does not take advantage of the poor and ignorant. At least, that is the professional ideal.

But are the advertisers ideal dentists? From the mass of correspondence and complaints laid before me I have selected one letter for you to read. I don't say it is typical, but I do say that it was dictated and signed by one of the biggest advertisers in the East, who has been "practicing" for more than twenty-eight years.

This is copied verbatim, without the change of a comma—although something ought to be done about them, too:

"Replying to yours of the 23rd inst. I wish to give you a few facts with this unreasonable complaint; this party, who is dissatisfied with his other dentist and now unreasonable with me, as he interferes with the routine of a patient's condition, when they should be persevering to new teeth, the same as a new pair of shoes of a different (last) would be uncomfortable to one's toes.

"This party came to my office with two old sets of teeth and would have nothing but the very cheapest kind of work done and on account of slow conditions, a contract was made, to reset both sets for \$15. The teeth were given to her on Saturday morning and was told to

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ORAL HYGIENE

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keep them in her mouth steadily for ten days or two weeks and to return then and we would trim off and adjust where necessary; instead, she and her son both came in on Monday morning, raising H—and we simply told them, that she must wear the teeth for a week or so, so we could find where any adjustment would be necessary, as this is the only means we have in finding out.

"After investigation, I find, that my dentist, in charge, gave her a very good job, of bigger value than received, and I think the main trouble, in this case is, a bossy son, who claims to be a man of affairs and is not a dentist; when he re-

turns again to this office and creates a disturbance, as before, I will have an officer here to take him out. At the same time, I never refuse relief to anyone, rich or poor and will take care of this Mrs. L. when the ten days are up. Please be good enough to use your good judgment in this case, wishing you to advise this patient to come in alone, as I have been taking care of this class of people for the past 28 yrs., with great success. Thanking you for your good will in this matter, I am.

Sincerely yours—"

Is he a dentist? Sounds more like a shoemaker.

34-15 Thirty-First Avenue
Astoria, Long Island, New York

AMERICA'S FIRST WOMAN DENTIST

(Continued from page 635)

present to his college a demand from the Iowa dentists that Miss Hobbs be permitted to take a course leading to graduation, with the implied threat that if this were not done the influence of the dentists of Iowa would be withdrawn from the College. The Ohio College of Dental Surgery then acted favorably upon her application, and she entered college that fall and became a model student.

Doctor Hobbs graduated in Feb-

ruary, 1866, and went to Chicago expecting to practice there. She was married April 24, 1867, to Doctor James M. Taylor, a veteran of the Eleventh Illinois Regiment, who was then in dental practice. As the climate of Chicago was not favorable to her health, they moved to Kansas. In December, 1867, they located in Lawrence where they practiced the remainder of their lives.

Lawrence, Kansas



Are Dental Hygienists a Menace?

By CHARLES L. HATCHER, D.D.S.

THE TRAINING, licensing, and practice of dental hygienists are destructive evils which, if not controlled, will be the first great wedge by which certain forces will destroy dentistry. Their conception, training, and association with the dental profession is unsound in theory and practice.

Dentistry, among all professions, stands alone in permitting and advocating the licensing of one of limited training to perform certain operations incident to the profession, and to educate and advise the public. Such functions demand far more qualifications than the dental hygienist of today possesses; in order to evaluate correctly the complicated mechanism of the body, it is necessary to have a basic foundation and thorough training in the various arts and sciences which the dental hygienist does not have. If she were extended these requirements she might then become a doctor—a doctor of dental hygiene. If dentistry has the moral and legal



What one dentist thinks about dental hygienists.

right to permit persons with a limited training of two years to undertake the duties attempted by dental hygienists then the medical profession has the same inherent right to extend "limited" education, training and licensure to persons to disseminate medical advice and to perform "limited" operations in the field of general surgery. Out of such a decision must come many cults rampant with a lack of knowledge of the essentials necessary to practice any specialty of health care with satisfaction to the public. The consequent evils would be numerous, its effect on the public disastrous and unwarranted.

If dentistry has the right to train and license dental hygienists then we have a right to say to the laboratory technician that he can, in the same number of months as the den-

tal hygienists spend in preparation, prepare himself for the construction of bridges, dentures, and other forms of mechanical restorations.

It is doubted if the dental hygienist is properly qualified to accept responsibilities assumed. The public in general cannot and will not draw a line of demarcation between the ability of the dental hygienist and the professional qualifications of the dental surgeon. Thus there is the elevation of the hygienist to the same civic position of the dentist. In this manner public confidence will be lost ultimately in the profession, with the lowering of its dignity and its services. The public will gradually learn to seek the advice and services of the dental hygienist as they do of dentists. Children will be trained to seek dental information from one whose qualifications cannot compare with a licensed practitioner.

It is true the dental hygienists utilized in public school systems can be of the same advantage as the dental surgeons? If so, why not relegate the duties of the medical men to the nurses?

There is but one major consideration involved, it is: "Will the pub-

lic, first, be benefited by the licensure of the dental hygienist?" The answer is NO. Another question must be considered. Will dentistry gradually break down its barriers permitting others to perform "limited" operations in the oral cavity? Will medicine thus be affected? The answer is unknown. A critical, unbiased opinion should be voiced by every dental surgeon in America. It may be that this step is just another one, and the main one, designed by certain groups outside of the profession, aided by some within, which seeks to abolish the profession as it now is practiced, relegating its specialties to "limited" trained individuals such as dental hygienists carrying with the duties the title of Mr., Mrs., or Miss.

But my faith in dentistry convinces me that it will continue its great advance and that no division of its rights, nor its privileges, will occur. I want to warn you, however, that the dental hygienist is a liability and a menace to all the varied arts and sciences, concerned in health care, as well as to dentistry that has fostered it.

1103 Cedar Hill Road
Dallas, Texas

TAKE CARE OF WHAT YOU HAVE

IF THE FOOT control of your dental engine should need repair, do not attempt it yourself. This is a job for an expert repair man. Tape any breaks in the control cable. Check the oil cups on the engine to see if there are wicks in them. No matter how much oil you place in the cups, if they have no wicks, there is no lubrication. Do not keep the engine cord too taut. Easier operation and less strain on the armature will result from proper tension on the belt. Put a drop of oil around each of the belt pulleys and clean out any lint or cotton sticking to the axle.

Dentists in the News

Nashville (Tennessee) Tennessean: Doctor W. B. Summers, a dentist of Lexington, is justifiably proud of his family's war record. Four sons and a son-in-law are in the Service.

Carey, a 25-year-old pilot, who was too small to play on the Lexington High School football team, is credited with saving Major General Jimmy Doolittle's life at the start of the African invasion. Recently he was promoted to a captain in the Army Air Forces. At about the same time Robert became first lieutenant in the field artillery in North Africa, where he and his brother Carey met recently. Another son chose the Navy. Lieutenant Paul Edward Summers is executive officer on a submarine in the Pacific area. He has a heroic story that is a military secret. Doctor Summer's fourth

Baltimore (Maryland) News-Post: Doctor J. Ben Robinson, president of the American Dental Association, was the guest of the Mexican dental profession at their Fourth Medico-Dental Convention held from March first to sixth in Mexico City. At the request of the State Department Doctor Robinson extended his trip to include visits to the leading cities of the Republic and conferences with dentists and other leading citizens. He was accompanied to the dental congress by Doctor Daniel F. Lynch, Chairman of the Pan American Relations Committee of the American Dental Association.

New York (New York) Herald Tribune: A press release from the Tunisian front announces that Lieutenant Kenneth Drown of Seward, Nebraska, a dental officer in a field artillery unit, was recommended for a citation and a decoration for heroism. He descended into a 120-foot well under air attack to recover a soldier's body, and after nightfall made two trips behind the lines to bring out American vehicles.



and youngest son, refused to wait for the draft, enlisted in January and is now stationed in Florida.

Son-in-law Paul G. Caywood is in the Army Air Forces. There is also a nephew, Major Julius Summers, who has made a name for himself fighting the Japs. Doctor Summers acts as examining dentist for the local draft board.

Washington (D. C.) Post: Señora Carmen Garcia de Farias, attractive wife of the Military Air Attaché from Uruguay, is a dentist. Although her crowded life in Washington does not permit professional activities she had practiced dentistry in Montevideo before her marriage. In discussing the position of women in her country, recently, Señora

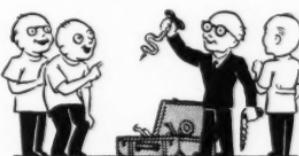
de Farias pointed out that many women enter the professions of dentistry, medicine and law in Uruguay. There are also two women holding seats in Parliament, and all women in Uruguay have political and civil rights.

Señora de Farias, besides her native Spanish, speaks French fluently and is learning English rapidly. She is an excellent pianist and collects classical records as a hobby. Her husband, Lieutenant Colonel Medardo Farias came to Washington in 1941; having previously served as his country's Military Air Attaché in Italy. A six-year-old son, Medardo Farias, Jr., and a four-year old daughter, Maria del Carmen, complete the family.

New Bedford, (Massachusetts) Standard-Times: Last word to reach his parents on March 15, 1942, from Lieutenant Arnold J. O'Donnell, a member of the Army Dental Corps, were two letters written from Manila prior to the fall

of Corregidor. They have now learned that he is still in the Philippines, a prisoner of the Japanese.

Seattle (Washington) Post-Intelligencer: Doctor A. J. Garesche, 83-year-old dentist, who served a three-year apprenticeship before entering the University of Pennsylvania Dental School in



1885, brought a suitcase full of ancient dental tools down from Victoria, B. C. to the meeting of the Washington State Dental Association. He entertained his dental colleagues with the relics of the profession's medieval past, including a device to make inlays which he had constructed with an old bicycle pump.

CAN YOU USE A DOLLAR?

To EVERY READER who contributes a newsworthy item, something unusual about a dentist, which is published in this department, we will send promptly a crisp, new one dollar bill. Every clipping must be taken from a newspaper and carry the name of the publication and the date line. Clippings submitted, cannot be returned. When more than one copy of a clipping is submitted, the first one received will be used. Send all items to: Dentists in the News, ORAL HYGIENE, 708 Church Street, Evanston, Illinois.



Praise for Our NAVY DENTAL OFFICERS

By **LUCIUS W. JOHNSON, D.D.S.**
M.D., Captain, Medical
Corps, U. S. N.

IT WOULD BE difficult to discover another about-face as extreme as that of the dentist who leaves his practice to join the combat forces in the field. He departs from an environment where every item of his surroundings is characterized by the most meticulous cleanliness, where each detail of his work is governed by a rigid ritual, designed to protect the patient and to win his confidence. Out here he finds himself facing conditions that have no precedent in his experience. He splashes through the mud and finds a coating of it on his patient, on himself, and on his instruments. He

For more than thirty years this Navy medical officer has observed the Dental Corps in action.

tears his way through the jungle to reach the wounded man, or to conceal himself and thus gain some measure of relative safety. To avoid shell fragments or the sniper's bullet he frantically digs a shallow trench in the swamp, using his hands or the mess tin from which he hopes some time to eat again.

Many representatives of the profession have already received distinguished honors in recognition of their services outside the strictly dental field, for which they were trained. As early as October, 1942, which is the latest time for which

any records are available to me, there were seventeen dental officers among the Navy's casualties. At least three had been cited for gallantry in action, one at Bataan and two at Pearl Harbor. At Tulagi a dental officer earned commendation by following close on the heels of the fighting units. Not only was his courage praised, but also his efficient professional care of the wounded.

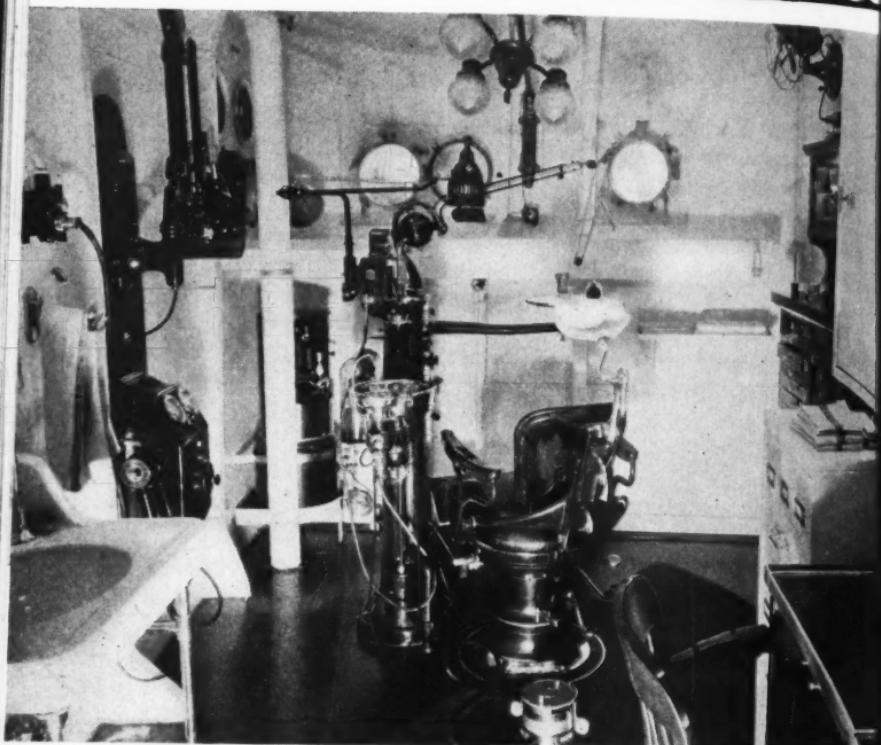
Even in times of peace, the dentist is an essential member of the Medical Department team. Often he is the first to see, and to bring to the attention of his medical associate, the local manifestations of

blood dyscrasias, glandular deficiencies, malignancies, infectious diseases, and metallic poisonings. The earliest evidences of several conditions resulting from dietary deficiencies are observed in and about the mouth, and the dentist is often the first to detect them. He is well equipped to do this, for no one can progress very far in the practice of dentistry these days without considerable study of nutritive problems and their relation to dental as well as to general health. His knowledge of anesthetic methods, of anatomy, and of surgical procedures, make him a most valuable associate for the surgeon.

CAPTAIN JOHNSON writes: "In this remote spot [Ed.: presumably the South Pacific Theatre] I was listening to the tropical rain drumming on the corrugated roof, and looking out over the sea of mud that surrounds us. At the same time I was composing eulogies on the admirable work being done by the Navy dental officers in combat ships and ashore with the amphibious Marines. Here is my effort to put into cold print the things that others think of our dental officers. As one standing on the sidelines, and looking on, I can say pleasant things that they would blush to say about themselves.

"Manpower is the essential ingredient in Uncle Sam's war effort. The loss of a trained man may mean the loss of a ship. It may cause the tide of battle to be turned against us. Therefore, anything that will help to make men fit and keep them so is a vital matter. In this work the dentist and the physician constitute a team which carries enormous responsibilities. Their skill, patience and devotion to duty are qualities which have earned them the respect of their associates in other branches of the service. From years of personal experience and observation, I am convinced that the military surgeon who does not take full advantage of the service, which his dental colleague is prepared to offer, is handicapping himself and his patients in an unjustifiable manner."

Dental office on a cruiser. Everything is complete. The equipment and materials are the best obtainable.



Enters Medical Team

When the dentist reports for active duty in any of the combat services, he goes through a course of training and indoctrination which is designed to ease him gently into his place on the team. He may well be dazzled by the profusion of new points of view that are suddenly thrust upon him, but he has the golden key to all the problems of the new environment in his trained mind and skillful fingers. The adjustment is made easier by

the fact that all his associates are working to accomplish the same mission—to maintain the health of the command. By observation, as well as by instruction, he learns how essential is organized leadership if victory is to be won against resistance. Thus he is molded and shaped to fit into the Medical Department team.

At a Navy base he has the important duty of examining all new men as they are received, charting their restorations and other details which might be of value in identifi-

cation. Since less than 25 per cent of the people in civilian life ever receive any important dental care, beyond extraction for relief of pain, it is not surprising that defective teeth were first among the causes of rejection of men for the draft. It became necessary to lower the dental standards of acceptance, and this caused a tremendous increase in the work required of the dentists.

The ideal for which they are striving is to put every man's mouth into such condition that he may chew any food that may be provided, and also remain free from oral disease. The dentist has this marvelous opportunity of reaching a group which is usually immune to any ideas of dental care, and preaching the gospel of oral hygiene. The beneficial effects of this teaching will not be appreciated until after the war, when the men return to their homes and families with this new point of view.

New Duties in Battle

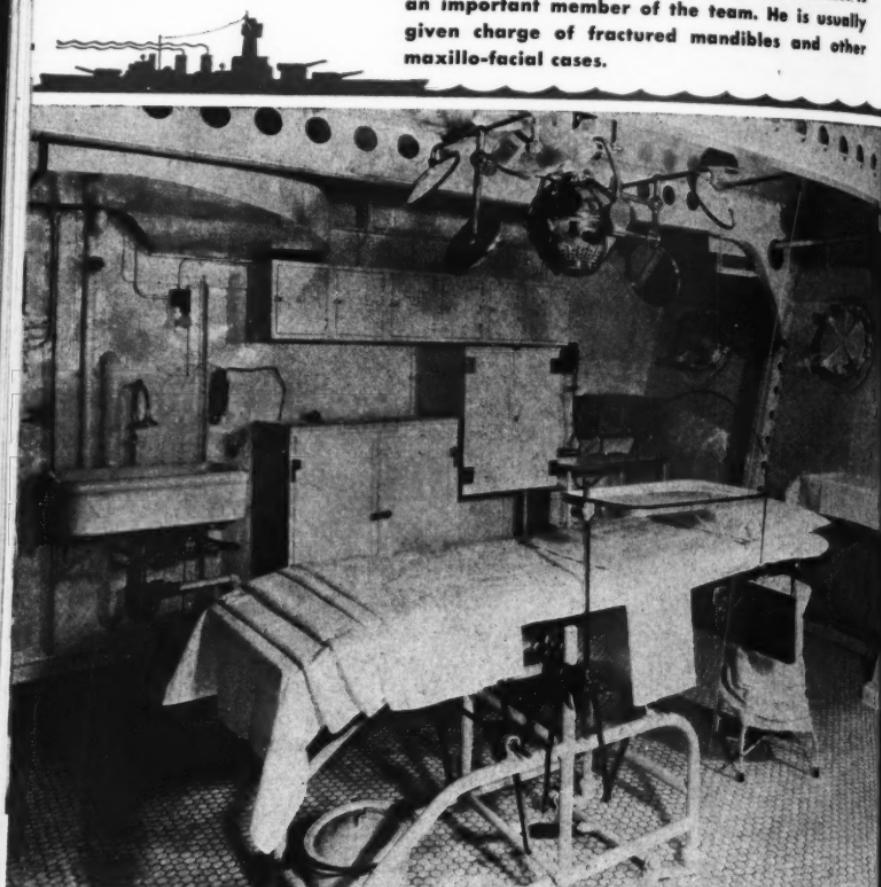
It is when he is ordered to duty with a combat organization that the dentist really begins to learn what goes on in battle. He suddenly runs smack up against a new world, where the ideal is death and destruction, instead of careful conservation of health and materials. He is likely to find himself accompanying his medical colleague into battle, and here his training in maxillo-facial surgery is invaluable. As we all know, the first treatment that a person with a wound in this region receives may often de-

termine the future outcome, both functional and esthetic. Whether the injured man shall be an unhappy recluse, or be able to live a useful life among other people, is often decided at the battle front. Therefore, the presence of the dentist with the combat troops is of paramount importance. His training as a specialist in this field is invaluable.

When the dental officer in the Navy goes aboard a warship for duty he also is confronted with a new world—a world with a different language and different customs from any he has experienced before. There may be long periods of darkness, or of general quarters, when he is prevented from doing the work that he has scheduled. During battle, or target practice, he may have to dismantle a large part of his equipment and store it in such a manner that it will not be broken by the sudden shock when the great guns are fired. During battle he finds himself in a position of responsibility as an associate of the medical officer. It may happen that he will be in charge of one of the dressing stations, with full responsibility for the treatment of whatever wounded are brought to him. He must be prepared to perform operations far beyond those of his usual dental field.

There was no Dental Corps when I entered the Navy, nearly 35 years ago. A certain number of teeth were required to get the man past the medical examiner at the recruiting office, but once in the service,

Operating room on a warship. The dental officer is an important member of the team. He is usually given charge of fractured mandibles and other maxillo-facial cases.



his teeth could decay without interference. When I reported on the battleship *Minnesota* for duty in 1909, the surgical outfit contained a few forceps for extraction of teeth. They were heavy and awkward, perfectly adapted for breaking off the crown of any tooth in the head, much like those that my grandfather carried in his plush-lined, wooden box of instruments during the Civil War.

On the hospital ship *Solace*,

which accompanied the fleet on its cruises to Cuba and its maneuvers in the Southern Drill Grounds, the dental service was given by a hospital steward who was described officially as "having some knowledge of dentistry." Judging by the type of service he gave, the assortment of instruments, and their condition, that official description was unjustifiable flattery. At that time I was, so far as I could find, the only dentist in the Navy. After the hospital

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May, 1943

ORAL HYGIENE

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steward was paid off, I held dental clinics on the *Solace* one day each week. No one who had an opportunity to see the condition of the men's teeth could fail to be impressed with the necessity for a Dental Corps.

Outside the gates of each Navy Yard were the offices of dentists whose ability and character were most dubious. Knowing that the sailors did not represent a permanent clientele, their slogan was quick turnover and big profits. I saw the lamentable results of their handiwork. Cavities were prepared just so they would hold the restorations until the men got outside the office door. Two proximal cavities in adjacent teeth were sometimes merged by a single restoration, roughly trimmed. Perfectly good front teeth were cut down to take an alleged gold crown, of execrable workmanship, which quickly tarnished.

It was not until August 22, 1912,

that the bill was passed which established the Dental Corps of the Navy. In the years that have followed, the beneficent influence of the dental officers has spread throughout the Service. For many years past, the Navy has been able to recruit the finest of the graduates of the leading dental colleges. Their equipment and materials are the best obtainable. The amount of suffering and loss of manpower that is avoided by their dentistry is beyond calculation. In recognition of their excellent services, the rank of rear admiral has recently been opened to dental officers. The prospects for a future of valuable service for dental officers in the Navy were never more promising.

NOTE: The ideas and opinions here expressed are the private views of the writer. They are not to be regarded as the policy of any government department.

c/o Fleet Post Office
San Francisco, California

THIS STORY WON \$100

THE EXCELLENT story by Captain Lucius W. Johnson wins the monthly ORAL HYGIENE award of \$100. Every month this magazine offers a prize for the best article published. The rules are simple:

1. The article must concern some phase of dental life.
2. The article must not be more than 1500 words.
3. The manuscripts should be typewritten, double-spaced, and sent with return postage included.

ORAL HYGIENE will pay for all manuscripts accepted at our regular word rate.

The material should be addressed as follows:

To the Editor, ORAL HYGIENE

708 Church Street

Evanston, Illinois

Editorial Comment

"Give me the liberty to know, to utter, and to argue freely according to my conscience above all liberties," John Milton

THE FEDERALIZATION OF THE DENTAL SCHOOLS

SINCE THE FIRST announcement¹ was published commenting on the dental educational program under Army and Navy auspices, further details have been released. The facilities of all the dental colleges in the United States will be taken over by the government. There will be some places in each class reserved for women and men who cannot qualify for government training. These will be the people prepared to help fill the civilian needs. Every nine months about two thousand young men will be assigned by the Army and Navy for predental training. From this number, it is believed, about 400 will fail to qualify and 1600 will enter dental college after a stiff program of predental preparation. The 1600 entering dental college will shrink to 1200 at graduation time after a rigorous course in dental college. From these 1200 graduates, the Army will take 800 as dental officers, and the Navy 400.

The selection of students for dental training will be made at each Service Command of the Army from a list of soldiers screened at the induction or replacement center. These young men will be considered to have the proper talent and capabilities for the professional life. The Navy has not yet announced the exact method of selection. Representatives of the dental schools in each Service Command will act as civilian consultants to Army Selection Boards and help set up the standards to govern the selection of candidates. Soldiers so selected will be assigned for pre-professional training to begin a 60 week, 60 hours a week program that is as strenuous as anything heretofore suggested in the American educational system. The course will consist of 24 hours a week in classroom work including such required subjects as mathematics, physics, chemistry, biology, English, history, and geography. Five hours a week will be given over to military instruction and six hours to physical training. The preprofessional student will also be required to spend 24 hours a week in supervised study.

The Navy preprofessional program will be of five terms of 16 weeks each or about five months longer than the Army program. The content of the Army and Navy programs will not be exactly the same.

The strenuous nature of this program can be appreciated if we consider that the present predental training is extended over two years of

¹Editorial, The Armed Forces Take Over Dental Education, ORAL HYGIENE 33:184 (February) 1943.

two semesters each, for a total of 60 semester hours. Under the Army program subjects covering 83 semester hours will be given in 60 months; under the Navy program subjects covering 85 semester hours will be given in 80 months. In other words, the time of instruction will be reduced and the content increased. The preprofessional training for dentistry, medicine and veterinary medicine will be the same, which appears to be a convenient device to satisfy the needs of medicine but represents a hardship for students preparing for the other professions.

Those soldiers and sailors who survive this preprofessional period will be assigned to a dental college where the complete dental course will be given in three years of no less than 48 weeks each. In the dental college, physical and military training will be dispensed with in a large degree. Preprofessional period trainees will be housed and messed in quarters, subject to military discipline and indoctrination. When the trainee has been assigned to dental college, he may be granted commutation privileges if group housing and messing are not available.

There is no contemplated change in the dental college curriculum. Deans and faculties, although operating under government contracts, will be permitted to give their regular course of instruction. Some major changes, however, may be made in the teaching of technical subjects by the insistence on the part of the government that instruments be standardized.

After the completion of the training program the soldiers and sailors will receive commissions in the Dental Corps of the Army and Navy and will be ordered to duty. If the demands of the armed forces at the time of graduation do not require the services of an additional 1200 dental officers every nine months, it is possible that many of the older men in Service will be released from duty to return to their home communities and thus make way for the newly commissioned dental officers. It is unlikely that anyone receiving a full dental training at government expense will enter private practice until he has spent some time in government service. When peace comes those who have received subsidized professional training, but who have not entered active military service, may be expected to repay this government expenditure by some other form of Federal service. In this there are many and broad implications.



Note: On page 660 are some pertinent questions on dental education under Army and Navy auspices. These questions have been raised by one of the outstanding dental educators in the United States.



Conducted by W. EARLE CRAIG, D.D.S.

Drawings by Dorothy Sterling



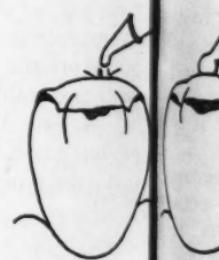
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Pack mix into occlusal cavity. With a plastic instrument (preferably stellite), press firmly into cavity. The mass should be greatly in excess of the needed amount.



5

Lubricate tinfoil with cocoa butter and place over the mass. Press firmly into place with finger.



6

With tinfoil in place, with tinfoil in continuous blast of air for several minutes, the filling will be hardened.

Application of Methyl Methacrylate to the Tooth: Cured at Mouth Temperature

By Gregory B. Salisbury, D.D.S.



1

Prepare occlusal cavity as
for amalgam filling, with
undercut.



2

Place cement base in cavity to protect the pulp from
any unpolymerized monomer. Dry cavity and keep
perfectly dry.



3

Mix monomer and polymer
for 1 minute, until mix
looks like a lump of wet
sand.



7

Place thin foil in place, burnish
the filling with a warm
cotton ball, burnisher until the
filling is hard.



8

Lubricate with cocoa butter
and allow the patient to
wait half an hour.



9

Grind with lubricated
stone sufficiently to adjust
the bite. Have patient re-
turn in a few days for final
polishing.

May, 194

Ask Oral Hygiene

Please communicate directly with the Department Editors, V. Clyde Smedley, D.D.S., and George R. Warner, M.D., D.D.S., 1206 Republic Building, Denver, Colorado, enclosing postage for a personal reply.

Liquified Pulp

Q.—My patient, a woman, 25, married, one child, has pain in her teeth for no apparent reason. She had worn an anterior bridge for ten years when all at once the lateral abutment began to ache. Roentgenograms at that time were negative. Because of the excruciating pain the tooth was removed. Later the upper left cuspid acted the same way, then later the left first molar, and the upper right molar. Today I removed the upper left second molar. The only thing wrong with any of these teeth was one molar did have a pulp stone. About a year before I first saw the patient, she had all lower molar teeth removed for the same reason. All teeth respond to vitality tests.

Physicians say she is all right except that her red blood count is slightly low. The pain will start in one tooth and the whole side of the face will ache, including the ear. The pain is so severe that sedatives are necessary to obtain any rest. The removal of the aching tooth will completely arrest the pain for a month or so when another tooth apparently does the same thing. During menstruation the pain is worse and patient complains that all her teeth ache. She is the nervous type and has been every place in search of relief. I am enclosing the broken upper left second molar which I removed today. The pulp was normal.—R. P. H., Nebraska.

A.—Your letter with roentgenograms enclosed reminds me of some cases I have had in the last few years. One, a woman, 50, had one tooth after another ache, although the roentgenograms showed nothing, and they responded nor-

mally to vitality tests. When she could not stand the pain any longer we would remove the tooth and when it was cracked open, we would find the pulp liquified.

We had such a case last week and another today. We have no answer except that the pulps degenerated. Some of the teeth have had restorations, some have had pulp nodules, and some have had neither.—GEORGE R. WARNER.

Opalescent Dentine

Q.—A patient brought her 3-year-old daughter in for examination. Her teeth seemed to lack enamel. They are bluish and transparent.

I should like to know if you have heard of any such case.—F. F. R., Massachusetts.

A.—This may be a case of enamel hypoplasia. However Kronfeld¹ does not give description of complete absence of enamel. So if your little patient's teeth are completely lacking in enamel it is an unusual case.

It might be a case of hereditary opalescent dentine.² In such a case the enamel is present but may be thin and because of the peculiar structure of the dentine may appear to be absent.

It would be interesting and help-

¹Kronfeld, Rudolph: Histopathology of the Teeth and Their Surrounding Structure. Philadelphia. Lea & Febiger, 1933.

²Hodge, Harold C., et al: Hereditary Opalescent Dentine. J. D. Res. Page 521, (December), 1949.

ful to have 35 mm. Kodachromes of this case as well as intraoral roentgenograms. If I could see such roentgenograms I could tell you if it is a case of opalescent dentine.—
GEORGE R. WARNER.

Allergy

Q.—I have a patient who is exceedingly allergic to any of the local anesthetics such as procaine, cocaine, or novocaine. The slightest amount in contact with the skin causes acute dermatitis.

What would be the effect on such a patient if I should use one of these drugs hypodermically?—J. R. P., Kentucky.

A.—As I understand it, there is not necessarily any connection between the effect of procaine and other drugs on the skin of allergic patients, and its anesthetic effect upon injection.

I would suggest, however, that you should proceed cautiously with such a patient and inject first only a small amount to observe its effect before proceeding with a normal injection.—V. C. SMEDLEY.

New Technique

Q.—I saw your original roentgenograms and technique at the Greater New York dental meeting a few years ago where you used greater penetration, twenty-five milliamperes and sixty kilovolts. I have since learned that you now use a technique employing the ordinary dental machine. Please tell me which technique produces the best results. I wish to buy a new machine and, if a stronger machine than the regular machine is indicated, I should like to know that.—L. R. J., Massachusetts.

A.—It is gratifying, indeed, to hear from you about the clinic that I gave at the Greater New York dental meeting a few years ago.

The technique which I used at that time was a modification of the Franklin McCormack 36-inch

anode-film technique, in which it was necessary to have the patient lying in a supine position.

Doctor Gordon Fitzgerald modified the technique so it could be used with the patient in a dental chair and with a dental X-ray machine (such as the CDX or Ritter).

I spent some time with Doctor Fitzgerald in 1939, and have since been teaching that technique in the Denver Dental Association Study Club.

The essence of the technique is to change the wiring in any dental machine to give a lower K.V.P. and higher milliamperage. A twenty inch anode-film distance is used with the Bolin lightning film or the new Eastman super-speed film. A 17-inch aluminum cone is fitted to the machine with a lead diaphragm with a half inch opening at the tube end. This technique gives beautiful results and permits one to place the films more nearly parallel with the long axes of the roots of the teeth.

Where an X-ray unit is of the so-called "fixed penetration" type, the services of a responsible X-ray serviceman should be requisitioned to make the necessary decrease in kilovoltage and the increase in milliamperage.

For the past two years, Doctor Fitzgerald has been using a unit of higher kilovoltage and milliamperage than the prevailing type of dental X-ray unit. The same holds true with Doctors Blayney and Bradel of the Zoller Dental Clinic of Chicago.

Your local dental dealers can advise you about the machines that they handle, which I am sure can be adapted to the long anode film distance.—GEORGE R. WARNER.

Costen Syndrome

Q.—I have a woman patient, about 30. Her upper left temporomandibular joint makes a cracking sound.

When she eats sticky candy such as taffy, she feels pain extending back into her ear.

A lower molar and bicuspid are missing on the left side. The upper first molar has elongated into space. A dentist told her that the abnormal condition present in the joint was caused because she uses only one side when eating. As most people do all or most of their mastication upon the same side I discredit that.

Her posterior teeth are rather short. Lower anteriors bite up under anteriors nearly parallel to uppers and to the gingival. She has no trauma indicated either labially below or lingually or labially above at the necks of these anteriors.

She chews her cheek on the left side almost the entire length of the bicuspids and molars, particularly at the first molar and first bicuspid. She does not have an end-to-end occlusion but the buccal cusps are close to the buccal of the lower teeth.

Would raising the bite benefit this condition in the joint which has been present for eight years, or stop cheek biting?—R. N. R., Texas.

A.—This patient has many of the symptoms of the Costen syndrome.³

³Costen, J. B.: Report on Neuralgias and Ear Symptoms Associated with Disturbed Function of the Temporomandibular Joint, *J.A.M.A.* 107:252 (July 25) 1936.

⁴Lynn, B. D.: Facial Harmony, *J.A.D.A.* 29:1915 (October) 1942.

From what you say about the wear and consequent shortening of the teeth it seems probable that there has been a marked loss of vertical dimension. If this is true, it could well account for the temporomandibular joint symptoms. Increasing the vertical dimension should, therefore, alleviate those unpleasant symptoms even though they are of eight years standing.

In the October number of the *Journal of the American Dental Association*⁴ you will find a method of determining by external measurements if the vertical dimension in a given case is too great or too small. If you find it is too small, you should increase it. We find it advantageous to make acrylic splints to test the results of increasing the vertical dimension. This is a simple and inexpensive procedure. Then, when the vertical dimension is satisfactorily established, a more permanent type of restoration is made.

When the final restoration is made, you should be able to so position the molar teeth that there will be no further trouble about cheek biting.—GEORGE R. WARNER.

PROCUREMENT AGE LIMIT REVISED FOR ARMY

IT HAS BEEN announced that the upper age limit of dentists eligible for commissions in the Army has been changed, because of the difficulty encountered trying to fill state quotas for the Dental Corps. This limit has been changed from 39 to 42. State Chairmen will submit the names of those eligible in chronological order, until all available dentists in each age bracket have been taken.

The Officer Procurement Service also announced that their district offices have been notified that commissions will be granted to dentists between the age of 42 and 44 inclusive, who are classified 1-A by their local draft boards, provided the classification was not made at the request of the dentist, but was a routine reclassification by the draft board.

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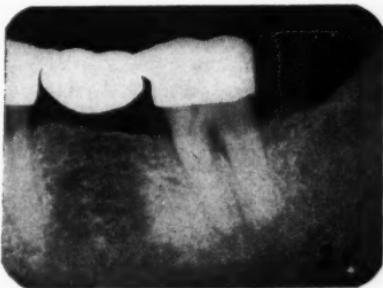
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What is YOUR DIAGNOSIS?

Conducted by George R. Warner, M.D., D.D.S.

Case Report XXV

Statement: This patient, 60, had always enjoyed exceptionally good health. He had noticed some sore finger joints recently. This tooth responded normally to vitality tests.



Case Report XXVI

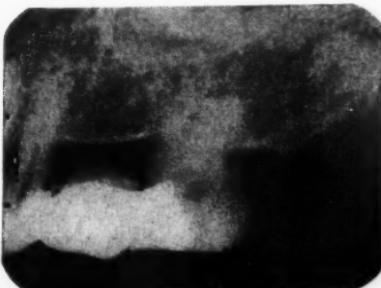
Statement: This patient, a woman, 41, has intermittently had rheumatism in the right arm since 1922.

The bicuspids and molars reacted normally to ice shock on February 22, 1941, but on November 6, 1941 the response of the second bicuspid and both molars was noticeably slower. No definite subjective symptoms.



Case Report XXVII

Statement: This patient, a man in his late fifties, has had rather good health, except for some gall bladder trouble of late and a diminution of hydrochloric acid. This molar has had no subjective symptoms and responds normally to vitality tests.



Solutions to Case Reports Shown on Preceding Page

Case Report XXV

Solution: Because of the type of sclerosed bone surrounding the roots, the open bifurcation and calcification of the pulp in the distal canal, the pulp was deemed diseased. The tooth was removed and when cracked open the pulp was found to be necrotic.

Case Report XXVI

Solution: The history: subjective and objective symptoms are not definite enough at this time to condemn any of the teeth shown. The slight widening of the apical periodontal space and sclerosis of bone at the apex of the mesial root

of the first molar indicated the possibility of a degenerating condition of the pulp. The patient was advised and developments awaited.

In March, 1942, the first molar was removed and the pulp found to be necrotic. The patient's general health was much improved.

Case Report XXVII

Solution: We have no solution so far as cause is concerned. The condition is a root-end resorption. The tooth just in front of it had the same condition but it had been devitalized for many years. The first molar on the opposite side is missing but the second molar has about the same amount of root-end resorption as this one. There is no other root-end resorption in the mouth.

NEW ARMY MOBILE LABORATORY

(Continued from page 637)

In his presentation address Doctor Timmons explained the method by which the funds were obtained:

"All dental gold manufacturers who were not members of the 'Gold and Platinum Metals in Dentistry' group were invited to participate in the Victory Fund Program. With very few exceptions every manufacturer in the field joined in the drive. The fund was raised during the month of May 1942. Each man-

ufacturer who participated in the program agreed to contribute a definite percentage of sales during that entire month. The dental journals and other means of advertising were employed in addition to the efforts of hundreds of men in the industry. The response of the dental profession was great and the success of the drive exceeded all expectations."

WHY MUST THE GOVERNMENT TAKE OVER THE DENTAL SCHOOLS?

1. Why should the government go to the expense of manpower and money in taking over the dental schools?
2. What do the Army and Navy want from the dental schools beyond a continuous supply of dental graduates qualified to meet their dental service needs?
3. If the thousands of dentists who have already joined the colors are adequately and satisfactorily trained to do what is expected of them,

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May, 1943

ORAL HYGIENE

661

why is it now necessary to institute any change in requirements or to regiment the dental schools?

4. Since the present predental requirement of two academic years in liberal arts is a development which has come about logically and naturally, and represents at this stage of the development of dental education the best thought of the profession, why should radical and hastily considered changes be made by the Army and the Navy in the predental requirements?

5. What circumstances dictated that the Army candidate for admission to dental study should suddenly be required to offer 83 semester hours for admission instead of the minimum of 60 prescribed by the Council on Dental Education? Or the Navy candidate be required to offer 85 semester hours?

6. What educational logic or principle dictated the high percentage of rigidly prescribed subjects in the Army and Navy predental requirements in the face of the well-known and widely endorsed efforts of the Council on Dental Education to liberalize the predental requirements?

7. Who, specifically, initiated the suggestion and who finally determined that the minimum predental requirements should be advanced by both the Army and Navy over 40 per cent?

8. What educational logic or principle dictated the wisdom of increasing the quantitative requirement over 40 per cent at the time when it is necessary to intensify the day by day work in accelerated programs? And what principle of sound educational procedure dictated that the Army predental course should cover five terms of twelve weeks each and the Navy course five terms of sixteen weeks each with widely different prescribed subjects?

9. What consideration was given in the inauguration of the Army and the Navy specialized training programs in dental education to the needs of the civilian population for adequate dental care?

10. What part, by invitation of the Army or the Navy, did the Council on Dental Education and the American Association of Dental Schools have in the framing of the specialized training programs in dental education? In fact, were those two organizations, principally responsible for the present status of dental education in America, noticed in any way by either the Army or the Navy at any stage in the development of the specialized training programs?



Laffodontia

The housewife heard a crash in the kitchen. "More dishes, Mandy?" she called.
"No, ma'am—less," the maid answered.



Medico: "Did you follow the instructions on the bottle?"

Soldier: "Yep. It said 'Keep Bottle Tightly Corked'."



Someone reported that a typographical error in a telegram almost cost one new arrival at an Army Camp his happy home. Shortly after arriving here he telegraphed his wife: "Having A Wonderful Time Wish You Were Her."



Mussolini wired Hitler: "Rush food." Hitler wired back: "Tighten belt." Mussolini wired again: "Rush belt."



He: "We're coming to a tunnel—are you afraid?"

She: "Not if you take that cigar out of your mouth."



Prisoner: "It is difficult to see how I can be a forger. Why, I can't sign my own name."

Judge: "You are not charged with signing your own name."

Professor: "This class reminds me of Kaffee Hag—99 per cent of the active element has been removed from the bean."



The famous a-m-p (absent-minded professor) has hit a new high. On his way to class the other day, he stopped at his doctor's office to see if he had a cold coming on. The doctor felt his pulse and said: "That's all right; let me see your tongue." The professor complied.

"That seems to be all right too," continued the doctor, "but why the postage stamp?"

"Ah," beamed the professor gratefully, "so that's where I left it?"



Flink: "Quite a stir was caused by an old maid in the seed store yesterday."

Wink: "How come?"

Flink: "She walked in and asked how to sow wild oats."



"Have you any alarm clocks?" inquired the customer. "What I want is one that will rouse father without waking the whole family."

"I don't know of any such alarm clock as that, madam," said the storekeeper. "We keep just the ordinary kind that will wake the whole family without disturbing father."



Excuse it please—a wedding bell is the bachelor's curfew.

PROGRESS

22 KT. 30 GAUGE.

5 DWT.

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ZEPHYR
GOLD

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YOU'VE always used 22K for crowns, bands and swaged cusps . . . perhaps you have used Ney 22K . . . but today, through Ney research, we can offer you an entirely new and modern alloy, Ney Zephyr Gold, that is definitely superior to 22K . . . SUPERIOR IN SIX SPECIFIC WAYS.

But don't take our word for it, order a few dwt. of the new Ney Zephyr Gold and test it yourself in practice. We are confident that you'll agree with every statement we have made. The J. M. Ney Company, Hartford, Connecticut.

THE KEYSTONE OF SUCCESSFUL PRACTICE

Progress . . . LESS CONSPICUOUS

Progress . . . EASIER TO SWAGE

Progress . . . TOUGHER, MORE DURABLE

Progress . . . NON - OXIDIZING

Progress . . . GREATER TARNISH RESISTANCE

Progress . . . LOWER COST

6% LIGHTER WEIGHT

\$1 per oz. less than 22K.

PLATE	SHELLS	DISCS
\$1.95 DWT.	\$2.00 DWT.	\$2.00 DWT.

FOR PERMANENCE AND PRESTIGE

"Ney pays HIGHEST MARKET PRICES for precious metal scrap of all kinds; for greatest convenience, ship through your regular dental dealer."

HOW TO GIVE A DENTURE



This metal arm "punches" samples of "Lucitone" to make sure that the denture material being tested is able to meet Du Pont standards for impact strength.

Better

RE THE SHOCK OF ITS LIFETIME

The machine you see here is dealing "Lucitone" denture material a mechanical "sock in the jaw." This impact test measures the resistance of "Lucitone" methyl methacrylate denture resin to a sudden blow, or a shattering bite, or even a crash on the bathroom floor.

But "Lucitone" gets a lot more punishment than just a "sock in the jaw." It receives all kinds of tests before it reaches you. It is pommelled and twisted and pulled to measure its strength. Resistance to acidity is checked. Special purity tests are made. The accuracy of colors is carefully determined.

This series of tests means one thing to you: that this special material, developed specifically for dentistry, measures up to the highest professional requirements. That's why, when you use "Lucitone" for your acrylic dentures, you and your patients are assured of complete satisfaction.



"LUCITONE" is the trade mark of the only methyl methacrylate resin denture material completely processed by Du Pont. "Lucitone" is distributed solely by The L. D. Caulk Company, Milford, Delaware.

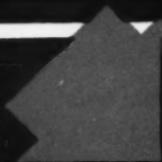


"LUCITONE"

Better Things for Better Living . . . Through Chemistry

This is a symbol

**M42 Y
— C — 2**



TEETHS IN MILLIMETERS							
	1 mm.	12 mm.	15 mm.	16 mm.	17 mm.	18 mm.	19 mm.
L= LONG	$\frac{1}{C}$	$\frac{12}{C}$	$\frac{142}{C}$	$\frac{142}{F}$	$\frac{145}{C}$	$\frac{145}{F}$	$\frac{146}{C}$
M= MEDIUM	$\frac{1}{C}$	$\frac{12}{C}$	$\frac{142}{C}$	$\frac{142}{F}$	$\frac{145}{C}$	$\frac{145}{F}$	$\frac{146}{C}$
S= SHORT	$\frac{1}{C}$	$\frac{12}{C}$	$\frac{142}{C}$	$\frac{142}{F}$	$\frac{145}{C}$	$\frac{145}{F}$	$\frac{146}{C}$

UNIVERSAL DENTAL COMPANY

simplification...

The coordinate size system is a practical feature of Five-Phase Anterior Teeth. Each tooth in each size, shape and color is identified by descriptive symbols rather than by meaningless numbers. The chart on the opposite page quickly explains the identification system. Letters "C" and "F" under the line indicate the dominant labial contours, namely: curved (C) or flat (F). Symbol "Y/2" describes the color of the tooth in accordance with the Veri-chrome Color Guide Selector System.

Our size system is actually that simple. Visualize the teeth you need in terms of descriptive symbols. For example, a set of Five-Phase Anteriors of medium length, curved labial contour, to fit an anterior arch of 42 mm. is our mold M42/C in any Veri-chrome color on the Selector Guide.

FIVE-PHASE ANTERIORS

...are the only artificial teeth that faithfully reproduce the natural tooth forms, varied labial surface markings, colors and texture. They are carved to the true anatomy of human teeth, not to a conception of what teeth should appear to be. This esthetic advance is at once obvious when the case is tried in the mouth.



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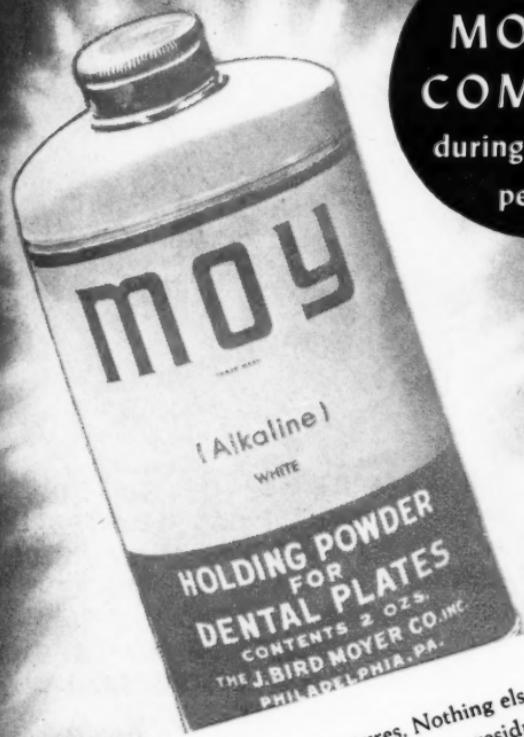
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New, modern holding powder for dentures. Nothing else like it. Whiter, holds teeth tighter. Leaves no gummy residue. Helps prevent gagging and nausea. Forms soft, soothing cushion for aching gums. Won't show thru translucent dentures. Hastens proper mastication, creates confidence. Get your new denture patients off to a good start by suggesting MOY during the break-in period. Free professional samples on request.

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Only **TICONIUM** possesses
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STERO-OIL

"KEEPS 'EM
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One BOTTLE .. One MINUTE .. One OPERATION!

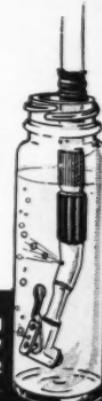
YOUR costly handpiece will run better, last longer, and need less repair, if you run it in STERO-OIL just one short minute after use on each patient.

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STERO-OIL
OILS - cleans - helps to prevent disease transmission

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BURS! The ARMY and NAVY use MULLEN BUR and HANDPIECE SERVICE.

MULLEN BROS. Sharpening and Re-Building Service... long known in the Middle West now goes National! Send us your dull burs. They will be made like new by specialists who do nothing else. We sort and sharpen only those that will give new bur service. Grinding stones run thru water keeping burs cool. Result: NO LOSS OF TEMPER OR HARDNESS! Mullen-Sharpened Burs don't scrape or heat — they CUT! Assure you faster, easier, painless work. Price \$3.50 per gross. Send today.

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Regular Price
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RELIABLE SERVICE TO AMERICA'S DENTISTS FOR OVER 15 YEARS

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Hilometer thinness is unnecessary in denture — but, no matter how thin, DENTA PEARL Teeth strengthen the denture...reduce impact shock . . . and —



DENTA PEARL Teeth are truly kind to the tissues.

Specify...

JUSTI DENTA PEARL TEETH

STABLE • LIGHT • COMFORTABLE • CLATTERPROOF



The DENTA PEARL all-acrylic denture is the strongest, yet lightest denture possible; and it is truly kind to the tissues. Accumulating reports indicate the following advantages:

- 1) Lightness reduces sensation of bulk.
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- 4) Fewer patient adjustments.
- 5) Reduces possibility of breakage.

RESULT: Greater Patient Satisfaction!

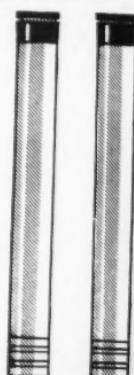
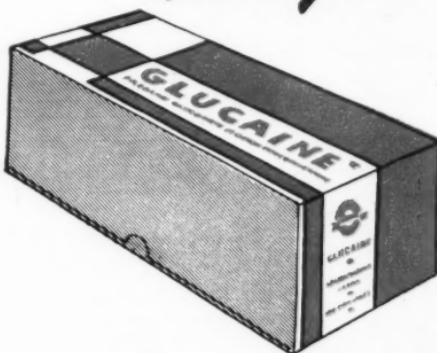
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JUSTI Products for Modern Prosthetics

JUSTI & SON, INC., PHILADELPHIA, PA. — RELIABLE DENTAL PRODUCTS SINCE 1864

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POTENCY WITHOUT PALLOR

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then try GLUCAINE

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Glucaine is friendly to tissue. It replaces the hydrochloric acid vehicle with mild, easily assimilated, sugar derived gluconic acid. Less toxic, it has a pH closer to that of the body and cuts the

usual sodium bisulfite content by over 65% . . . Furthermore, Glucaine releases its procaine quicker and easier, reducing cell disturbance and producing a profound, faster more dependable anesthesia.

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DOCTOR A:—"Have you heard that Kerr has now taken over the manufacture of Crystolex?"

DOCTOR B:—"But Kerr always did sponsor it."

DOCTOR A:—"That's right. They formulated it, and carefully checked it too. But now they're doing all the Crystolex production."

DOCTOR B:—"That means something to me. I use a lot of Kerr Products, and they're always good."

DOCTOR A:—"For that same reason I standardize on Crystolex. When Kerr builds it, it's bound to be absolutely tops."

DOCTOR B:—"Sounds reasonable to me too, Doctor."

KERR

Crystolex

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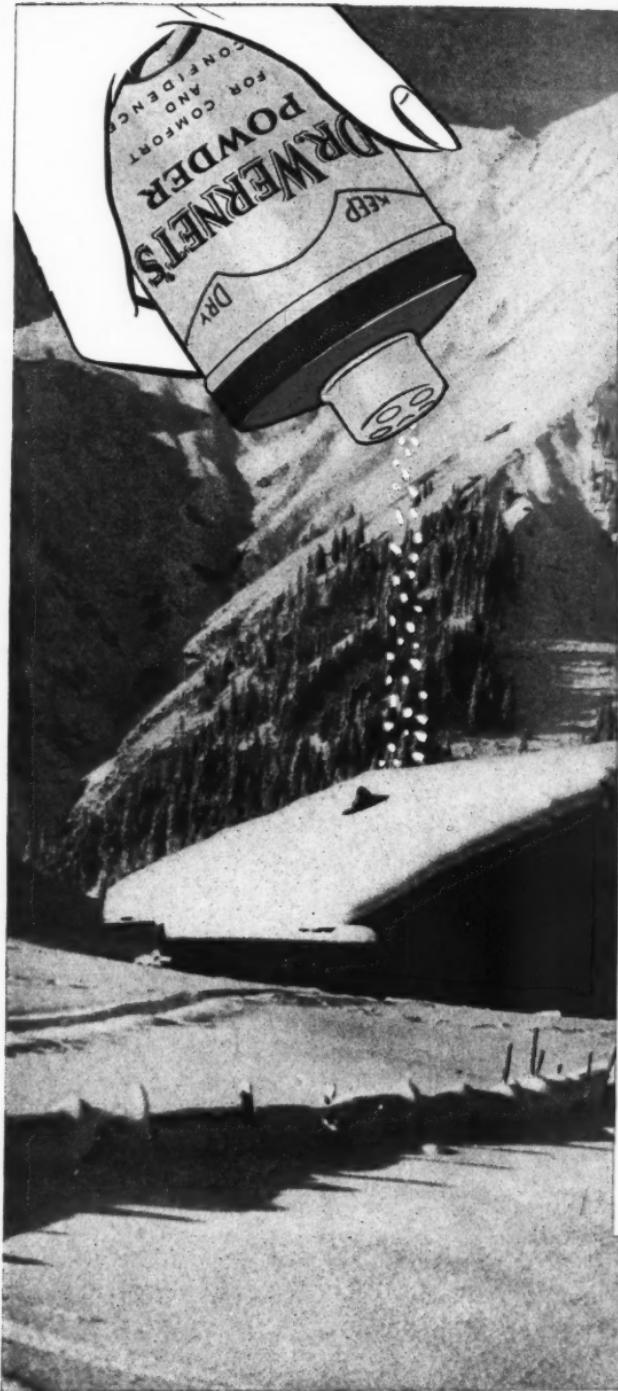
Every dentist plays an important rôle in the nation's efforts to minimize worker-absenteeism. You can provide fast relief from dental pain and help keep the worker on the job by recommending ANACIN. Two tablets, with water, usually provide gratifying relief.



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In 100 Cases,
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PURE as white as snow.
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the dentist, for his pat

Dr. Wet really prefers
because of its taste by
pure, so delicate, so very

factory P

Impartial tests prove
to be 26.1% and purer
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security) are more abso
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FREE SUPPLY. W
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DR. WET'S
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So White So Useful . . .

*In All Cases, Dr. Wernet's May Make All
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URE as white as snow—a light dusting of this superior adhesive powder the adaptation period of a new denture easier for dentist or his patient.

Dr. Wernet's powder is preferred as an aid during this crucial period of adaptation by the most discriminating patient—it is so pure, so delicate, so very useful.

factory Proof

partial dentures prove Dr. Wernet's powder
is 26.1% and purer than the average of
other denture powders. It is more viscous (for maximum
adhesive quality) and more absorbent (for faster denture
control).

basic to Dr. Wernet's powder is the
same ingredients used in the making of ice cream.

SUPPLIERS: Wernet Dental Mfg. Co.,
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WERNET'S POWDER
ADHESIVE FOR DENTURES



So Pure
You Eat
It In
Ice Cream



HOW ARISTALOY EXCLUDES "DUST-FINES"

When jagged, curled chips or filings are triturated, the particles break down to yield a formidable percentage of dust-like "fines." Their presence causes marked variation of dimensional change and flow properties in amalgam. ~ Aristaloy expands adequately, flows negligibly and produces a dense, fine-grained structure for more intimate non-leaking adaptation because its microgranules are specially shaped and polished to sound individual bodies which are not materially reduced even when over-triturated. ~ By excluding dust-fines then, Aristaloy properties are stabilized to avoid contraction and subsequent leakage. Aristaloy complies with A.D.A. Specifications #1.

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**GET IT
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GUARANTEED QUALITY MATERIAL

For
ECONOMY . . . To deliver up to 25% more dentures.
SPEED . . . To save up to 50% in time.
SIMPLICITY . . . Error-proof for perfect mixing in 3 to 5 minutes.
RESULTS . . . Positively free from porosity, pitting, and龟裂 (stress-checking).
GREATER EASE in chiseling and polishing.

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Because GETZ-400 is an exclusive manufactured product, you can depend upon it for sureness of supplies when other acrylic materials are subject to shortage.

In ordering your first trial pound, specify Clear, Mottled, or Plain.

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THE CLOSED DOOR

... Thousands of them . . . locked for the duration . . . Dentists gone to war.

And what of those left behind to shoulder the burden of responsibility for civilian needs?

Assuredly, time must be conserved, energy saved . . . yet there can be no sacrifice of quality in the final result.

In seeking surcease from the load of extra hours, Dee Golds make a definite contribution to the solution of your "duration" problems. With gold for every prosthetic need, you have a metal so obediently flexible that it virtually cuts chair time in half. It is faster for adaptation, enables you to make final adjustments right in your own office, and eliminates the need for time-consuming "return" visits.

Dee Golds will speed the day's work for you and deliver enduring satisfaction to your patients because they are scientifically compounded to do just that.

IN L A Y G O L D S

DEEONE Soft
DEETWO Med.
DEEFIVE
DEESIX Hard
DEESEVEN

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NEW YORK



MULTIPLE VITAMIN THERAPY —in dentistry—

EVERY DENTIST is aware of the importance of certain vitamins in the prevention and treatment of dental pathology. Those particularly concerned in maintaining the health of the teeth and the investing structures are vitamins A, C and D. When there appears to be a deficiency of one of these essential dietary principles, there is often a shortage also of vitamins B₁ and B₂ (G), which play an important part in promoting general nutrition.

This problem is readily solved by prescribing Polytaxin which contains vitamins A, B₁, B₂ (G), C, and D with niacinamide.

PROPORTION OF VITAMINS IN POLYTAXIN

In Polytaxin each constituent is represented in the proportion approximating the anticipated need of patients requiring multiple vitamin replenishment. Each capsule contains:

4000 U.S.P. units of vitamin A; 333 U.S.P. units (1 mg.) synthetic vitamin B₁ (thiamine) hydrochloride; 2 mg. synthetic vitamin B₂ (G, riboflavin); 600 U.S.P. units (30 mg.) synthetic vitamin C (ascorbic acid); 400 U.S.P. units synthetic vitamin D; 10 mg. synthetic niacinamide.

HOW SUPPLIED: In boxes of 25 and 100 capsules

POLYTAXIN

Reg. U. S. Pat. Off. & Canada

Five Fine Vitamins

Literature on request



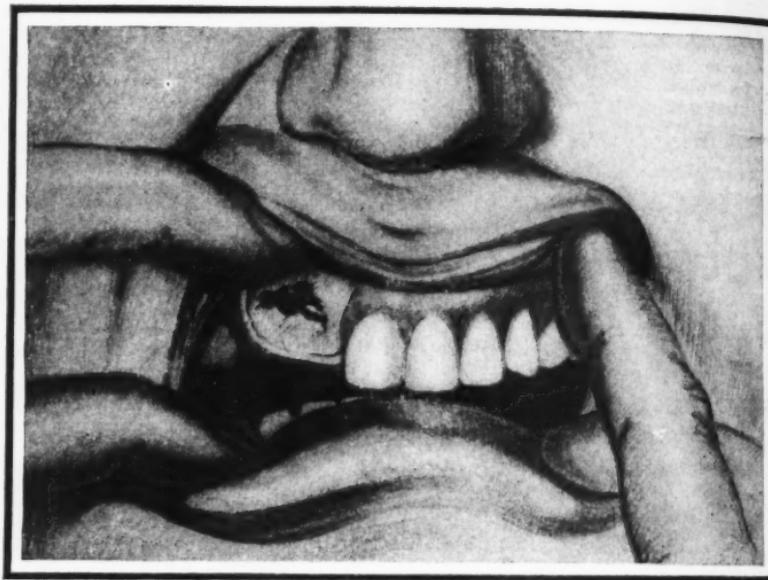
This cherished
symbol of distinguished
service to our Country waves
from the Winthrop Flagstaff.

WINTHROP CHEMICAL COMPANY, INC.

Pharmaceuticals of merit for the physician and dentist

NEW YORK, N. Y.

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FASTEETH
Alkaline DENTIFRICE

INFLAMED MUCOSAE IN THE DENTURE AREA

Tender gum tissues, unaccustomed to the pressure of a new denture, sometimes become sensitive and irritated. When tissues are so sore that they react unfavorably to the new denture the period of adjustment and adaptation may be unduly prolonged.

FASTEETH checks and soothes soreness and inflammation due to chafing and hyperacidity, thus helping patients to tolerate new dentures quicker and better. Notice the tone of tissues in cases where FASTEETH is used.



Alkalinity Helps

CLARK-CLEVELAND INC., BINGHAMTON, N. Y.

Simplified GOLD SE



STERN STANDARD SERIES

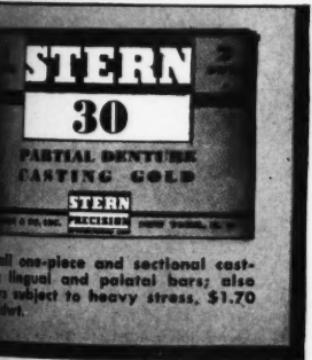
Four golds of the highest precious metal content, with the physical properties for maximum efficiency and satisfaction. Packaged in uniform yellow and black envelopes containing 2 dwt.



I. STERN & CO., Inc.
233 Spring Street
New York, N. Y.



WORLD SELECTION



The choice of just the proper casting gold for every type of restoration is now completely simplified by Stern's new system of classification and packaging. Whatever are your requirements, you can quickly select exactly the best gold for the purpose from either of Stern's two series—Standard or Special.

In every respect this new arrangement makes the dentist's task easier—saves him time, money and uncertainty.

With typical Stern conscientiousness and precision, no detail has been overlooked to bring you an unfailing and easy method of choosing the right gold for maximum satisfaction. Packages have been entirely re-designed and are now distinctively marked to show you at a glance the purpose of each gold as well as physical properties. Yellow and Black envelopes contain the Standard Series, while the economy Special Series is packaged in two-tone Blue envelopes.

STERN SPECIAL SERIES

Four golds that may be selected when economy governs your choice. Possess comparable physical properties with corresponding golds in the Standard Series. Packaged in uniform two-tone blue envelopes containing 2 dwt.



This is it...

Here is fine anesthesia
one of our three forms
... each safely prolonging
the duration of an

surgical



PROCAINE



HYDROCHLORIDE SOLUTION 2%

with EPINEPHRIN PFINGST:

mes, any
reformulae
safe profound for
tion of any
gical
procedure
... each permitting
most rapid recovery of tissue



A. PFINGST - 62 COOPER SQ.

NEW YORK CITY

No Dimensional Change!



Every dentist knows the importance of an impression material that will not shrink or expand after removal from the mouth. Konformax Impression Material is such a product!

The above illustrations represent the important steps in a scientific test that is universally recognized by the dental profession.

- A. Steel die of seventeen faces used in testing the accuracy of dental casting metals.
- B. Impression of steel die is taken with Konformax Impression Material.
- C. Impression after removal of steel die, 3 minutes later.
- D. Impression after removal of tray, 24 hours later.
- E. Replacement of steel die in unsupported impression, proving the strength of a Konformax Impression and the absence of dimensional change!



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KONFORMAX LABORATORIES, INC.

BROOKLYN, N. Y., U. S. A.

WRITE FOR FOLDER
DESCRIBING EXTREMELY
SIMPLE TECHNIQUE

AFTER

COURTESY DR.

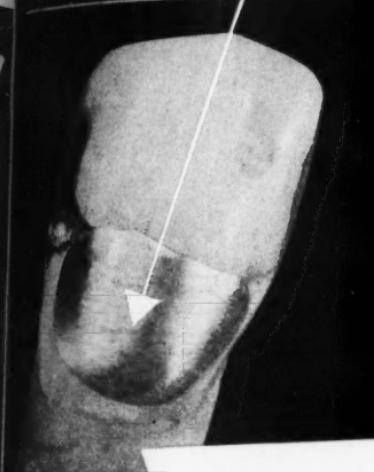
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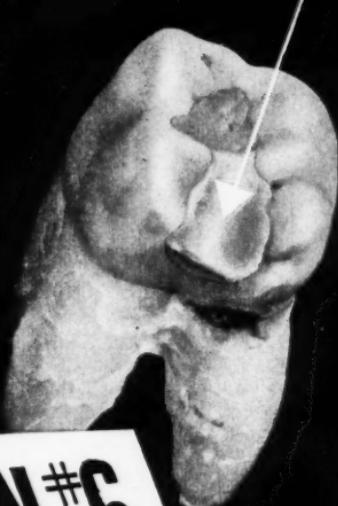
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AFTER 35 YEARS!

AFTER 40 YEARS!



COURTESY DR. B. H. DUNMIRE



COURTESY DR. W. O. HULICK

REASON #6

WHY GOLD FOIL IS SUCH A WONDERFUL MATERIAL

THE FACT that cohesive Gold Foil, as shown in a previous discussion, is so excellently contourable, so capable of reproducing a tooth's natural form—that, in itself, is only of initial relation to the life of a restoration. To be truly permanent, a restoration must be capable also of sustaining the stresses of mastication unaltered—of *retaining* its form through many years of hard service.

In this too Gold Foil is without an equal. By virtue of the *tough* hardness of a properly condensed mass of Gold

Foil, its crushing-resistance is so high, its tendency to flowage so low, and its edge-strength so great, it is virtually free from change of form. Its strength, when built out to thin edges over long bevels, greatly surpasses that of any other restorative material.

Virtual stability of form is thus Reason #6 for the pre-eminence of Gold Foil. Write for others. Simply mail the lower portion of this page with your card or letterhead to Morgan, Hastings & Co., 817-21 Filbert Street, Philadelphia, Pa. Established since 1820.

To prolong the life of a tooth longest — USE GOLD FOIL!



Keep 'em

The Significance of Your Service

Without teeth, there cannot be chewing.

Without chewing, there cannot be digestion.

Without digestion, there cannot be nourishment.

Without nourishment there cannot be health.

Without health, what is life?



'em CHEWING to keep 'em Fit

FROM all sides we are urged to keep ourselves physically fit.

Sounds easy, doesn't it?

It would be easy if we were taught how heavily physical fitness rests on a foundation with which the dentist is closely connected—food.

We are told to choose food wisely. We must be taught that even the most wisely chosen food cannot defend the body unless it is thoroughly masticated and insalivated.

The body can digest unchewed food only at a physiological expense the body cannot afford.

The home front is the production front. It must be defended by millions of adults in homes, farms, factories. Many of them have lost some or all of their posterior teeth. They must be restored in such a way as to restore masticating efficiency and so defend physical vigor.

You can restore masticating efficiency by adapting Trubyte New Hue 20° Posteriors to opposing natural teeth or by replacing all inefficient natural posteriors with them.

TRUBYTE NEW HUE 20° POSTERIORS

M	TRUBYTE NEW HUE 20° DIATORIC	S
31L		67
31L		67

COMFORT • STABILITY • EFFICIENCY

THE DENTISTS' SUPPLY COMPANY OF NEW YORK

220 West 42nd St.

New York, N. Y.



★ **We Bow To
National Need**

★ ...and at this time we seek the indulgence and cooperation of our many friends and customers.

- ★ All Manhattan styles are still available (60 for Doctors and 25 for Hygienists) but, in compliance with the National need, the selection of materials is restricted . . . almost from day to day.
- ★ We know you will cheerfully accept this situation, as do we, realizing that scarcity means sharing. With your friendly support we shall continue to serve you
- ★ with the assurance that, as always, the merchandise will be of a quality standard worthy of Manhattan workmanship and styling.
- ★ Meantime, we suggest that you send for Style Book O.D. for Doctors and Style Guide O.N. for Hygienists which will be sent to you with samples of materials then available.

MANHATTAN MFG. CO., CHICAGO
509 So. Wabash Ave.

For Partial Dentures

Use BROWN

Precision

ATTACHMENTS

Standard for 23 Years



Proximal Contact Type

Proximal Contact (In Two Types) Plain

Contact Shank Cat. No.

327 .085" x .025" (Flat) None

321 .096" x .036" (Flat) 312

322 .115" x .036" (Flat) 313

323 .125" x .036" (Flat) 313

324 .150" x .036" (Flat) 305

325 .175" x .040" (Flat) 316

None .102" x .052" (Oval) 304

None .058" Dia. (Round) 301

None .064" Dia. (Round) 302

None .071" Dia. (Round) 303

Strong • Easy Adjustable • Spring

Round — \$9.00 ea. Flat & Oval — \$10.00 ea. complete

Size Chart and Technical Literature on Request

COLUMBIA DENTOFORM CORP.

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**BENDICK CHROMIUM
BARS & CLASPS**



Chromium Alloy
Lingual Bar 75c
1 Doz. \$5.00

18 K. Gold Cased
Bar \$1.50

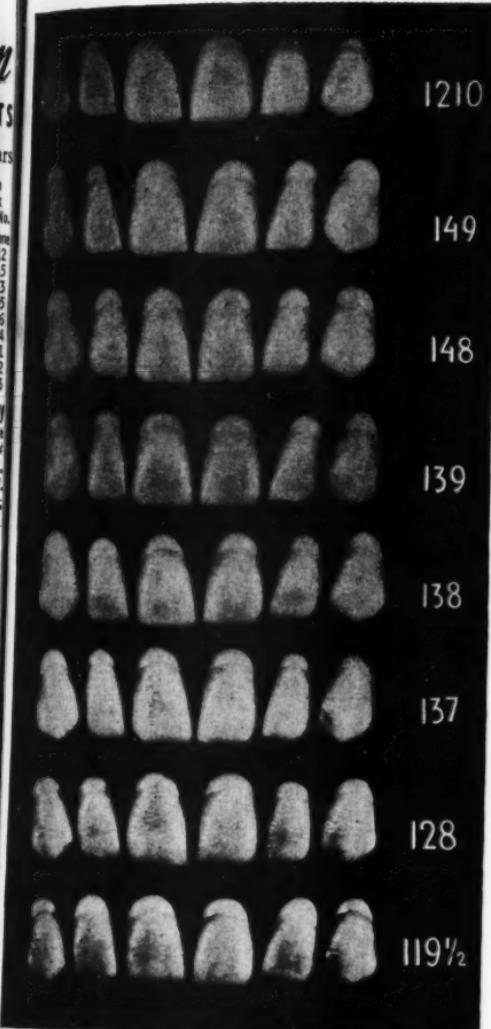
Clasp with Rest 35c 1 Doz. \$3.50	Clasp without Rest 25c 1 Doz. \$2.50	Flat Clasp 25c 1 Doz. \$2.00
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The Bendick Quality Line includes a wide variety of chrome nickel alloy bars and clasps for partials and removable bridges. They will not discolor or tarnish and have all the advantages of other materials, plus exceptionally sturdy construction. Sold through dealers. Send for your reference sheet.

BENDICK COMPANY
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NEW! BIODENT ACRYLIC VENEERS



*An
Innovation!*

Acrylic Jacket Crowns can be made easily now! No special knowledge of blending required. Select the exact shade and mold wanted. Biodent Acrylic Veneers avoid make-overs. They are the result of 8 long years of study and experiment. The only product of their kind on the market, and one destined to revolutionize jacket and veneer crown and bridge work... SIMPLE ACCURATE INEXPENSIVE

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"I've learned to depend on this one silver Oxy-eugenol. It sets harder and faster, soothes as it inhibits."



"You're right, Doctor. Silv-O-Dent has stood the test of time in my practice, too. I tell all my D.D.S. friends about it!"

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You may send me a copy of your FREE Booklet about Silvoden, Oxy-eugenol Silver.

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There's a lot of comfort in a bottle of ALKALOL

Its clean, refreshing taste.
Its cooling, soothing effect.
Its bland mildness.
All make pleased patients.

And you know that ALKALOL has been used and proved by the dental profession since 1896.

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ON SOLID FOUNDATIONS

In this war emergency, together with buying restrictions, FISCHER X-ray Apparatus is proving its stamina in service because it is built on two solid foundations—long years of experience and the positive FISCHER determination to build the best dental x-ray apparatus possible. Tomorrow's FISCHER dental x-ray apparatus will not only surprise you but again be the apparatus of choice.



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Now . . . A Dental MUST! TEETH METAL COATING

It was needed. It works. Actually blanks out dark area that would show through acrylic materials. Prevents uneven shading. Proved in performance.

Trial size, \$1.75, laboratory size \$4.50. Order from your dental supply house today!

CO-ORAL-ITE DENTAL MFG. CO.
Santa Monica, Calif.

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ENGINEERED FOR AMPLE STRENGTH

without any metal at the incisal

FOR ESTHETIC PERFECTION

WITHOUT SACRIFICING SERVICEABILITY

Why wait for a case demanding *esthetics primarily* before trying Steele's New Hue facings? The experience of many dentists proves these porcelain incisal facings thoroughly serviceable as well as esthetically superior. *When the technic recommended by the manufacturer is followed*, they are equally as serviceable as the older type of interchangeable facing. Try one case. Insist that your laboratory use the special flanged Steele's backing designed for this facing. Then observe the recommended technic in cementing the facing in place, balance the bite carefully, and you will have a restoration thrillingly lifelike and soundly serviceable as well.



Steele's

THE COLUMBUS DENTAL MFG. COMPANY
Columbus • Ohio

The technic is simple but of paramount importance. Ask your dealer for this brief new technic booklet, or write direct.



MINIMAX ALLOY NO. 178 assures long lasting, successful filings with any of the technics used in every day office practice—with the procedure *YOU prefer*. This definitely superior amalgam alloy has just the right expansion to compensate for the different thermal expansions of tooth and restoration. It's a fine fitting, leakproof, serviceable alloy with a high record of satisfying dentists and patients for many years. Minimax Alloy complies with all specifications when *you make the filling . . . as it does in all laboratory tests.* Be sure to say, "Minimax," when you buy alloy and you will get the logical alloy for conservation of chair time, for making your work both pleasant and profitable.

Complies with A.D.A. Specifications No. 1. Filings suitable for alloy-mercury gauges.

In 5 oz. BOTTLES

5 ozs. . . . \$1.50 per oz.
10 ozs. . . . 1.40 per oz.
20 ozs. . . . 1.35 per oz.

In 1 oz. BOTTLES

1 oz. . . . \$1.60
5 ozs. . . . 1.55 per oz.
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Prices subject to change without notice.

For best results mortars and pestles should be occasionally resurfaced. Over long periods they wear smooth . . . become inefficient. As a convenience Minimax provides FREE with every bottle a handy envelope of Abrasive Resurfacing Powder.



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The Minimax Company, Medical & Dental Arts Bldg., Chicago, Ill.

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BUY
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BONDS



New metal-saving
package. No change
in basic formula.

ONLY THE PACKAGE IS NEW

From its inception those in the Profession have shown a definite preference for Revelation Tooth Powder. Its reputation has grown through the years so that Dentists generally recommend it as a safe, pleasant and efficient dentifrice. The formula is "the thing." That's why no basic change is ever permitted. As a wartime necessity, Revelation now appears in a new container...a metal-saving moisture-resistant package.

AUGUST E. DRUCKER CO.
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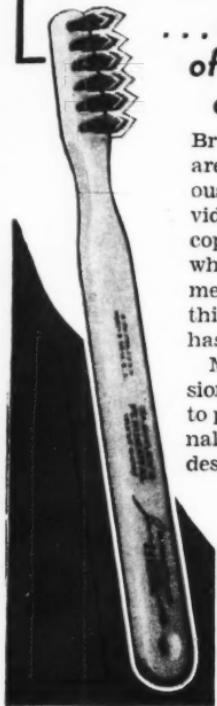
San Francisco

REVELATION TOOTH POWDER

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BUY
WAR
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Prescribe DR. BUTLER

*...the original
of this type
of brush*



Brush manufacturers are solicited by various firms and individuals to "Give us a copy of the Butler" which shows the immense popularity that this particular brush has attained.

Most of the Profession, however, prefer to prescribe the original of this type and design of brush — therefore always specify the Butler on their prescriptions.

*Make
Your Own
Comparison!*

Send coupon with 40c in coin or stamps for two brushes. Then compare with any other brushes on the market. See for yourself why the DR. BUTLER has attained such popularity.

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I enclose 40c for two brushes. Send me:

- SYNTHETIC (Do not send checks)
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Dr.

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GENTLE PROPHYLAXIS PERFORMED WITH
BS POLISHER IS A PROVED PRACTICE
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ESTABLISHED ST. LOUIS - MO
OVER 40 YEARS AGO

MILLER'S ELECTRIC HANDPIECE

FOR CHAIR AND
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Save your present hand-piece for oral work.

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FOOD FROM OUT OF THIS WORLD

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DEWITT OPERATED HOTELS

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Worthy of Notice

SHE WOULD NOT BE as charming, as worthy of notice, nor as willing to smile, if she didn't have such beautiful teeth. And because women know that sound attractive teeth go a long way in gaining interest and admiration, they frequently seek advice on proper home care.

Many dentists suggest Squibb Dental Cream and the Squibb Angle Toothbrush because with their aid teeth may be cleaned the way they should be cleaned—thoroughly, yet with absolute safety. Teeth are polished to their natural lustre—the mouth is left with a sensation of cool refreshment and cleanliness—when you use Squibb Dental Cream. And, for really effective brushing, use the Squibb Angle Toothbrush. Uniquely designed, it reaches exposed surfaces of all teeth—whether the dental arch is wide or narrow, and with any brushing technique.

Why not recommend these dependable products to your patients?

SQUIBB DENTAL PRODUCTS

Squibb Dental Cream—A safe, effective dentifrice made with Squibb Milk of Magnesia—a fine antacid. Smooth, creamy and pleasant to use.

Squibb Teeth Powder—For those who prefer powder. Provides the same advantages as Squibb Dental Cream. Safe and pleasant to use.

Squibb Angle Teethbrush—Has a small brush head mounted on a thin metal shank, bent at an angle like your mouth mirror. Has high quality, long-lasting Synton* (synthetic) bristles.

Pergren-V and Pergren-M—The former, a multi-vitamin peri, the latter, a calcium-iron capsule, supplying in proper balance the vitamins and minerals most generally insufficient in the diet. Formula meets recommendations of Food and Nutrition Board of the National Research Council. May be used to supply one-quarter, one-half, three-quarters or the full daily allowances of these vitamins and minerals. Write for literature.

* "Synton" (Reg. U. S. Pat. Off.) is a trade-mark of E. R. Squibb & Sons.

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MANUFACTURING CHEMISTS TO THE MEDICAL & DENTAL PROFESSIONS SINCE 1858

"SCHICKLGRUBER — you've taken your last BITE!"

You blunted your teeth in Russia but we're going to take them out entirely. We have the manpower and production to do it.

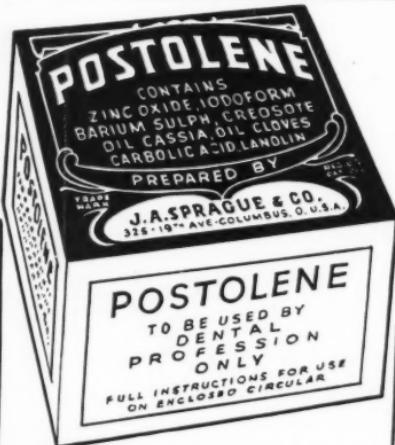
To make the "Yanks" hurt as much as possible Torit is working on war production, so we must ask your indulgence when deliveries are delayed.



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Same product—same price

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The price is the same too—only \$1.00 per jar. Try it now—you won't be disappointed. Sold through all dealers on money back guarantee.

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Your Goal — Pleased Patients Our Goal — Pleased Dentists and Patients

Masel's PURE PLATINUM Ready-Made Crowns are ideal for those patients who object to the color of gold crowns. Inexpensive but known for their esthetic merit these crowns are strong, durable, and permanent in color.

Masel's PURE PLATINUM Ready-Made Crowns will please your patients. You will be pleased too. Platinum rightfully commands the highest respect in the mind of every patient.

No complicated technique . . . easy to fit and adapt . . . will withstand any degree of contouring and cuspal adjustment for perfected articulation.

Prices, \$2.00 to \$4.70



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3 New
3 100% Natural Bristle Textures

EXTRA HARD HARD BLACK MEDIUM BLACK

These three textures, made with 100% Natural Bristle—a combination of both black and unbleached bristle—will give excellent service. For resilience and stiffness these new brushes will compare favorably with any of the natural textures we have formerly made. We can serve you best, and at the same time more economically use available bristle by limiting natural textures to these three types. With one hard 'Lacton' (synthetic nylon) brush, we now offer a total of four different types.

LACTONA Junior brushes are now available in the same textures as formerly, unbleached, hard white, medium white natural bristle. 'INSTRUCTOR' Youth's size brushes will be made in either black natural bristle or hard 'Lacton' (synthetic nylon), as formerly.

The pre-war price on LACTONA brushes remains unchanged. Quotations on brushes for professional use, together with a complete list of textures and sizes will be mailed upon request. Please write to:

LACTONA INCORPORATED
SAINT PAUL, MINNESOTA

This formula is specially recommended!



PRODENT

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render routine operative procedure

UNLIKE OTHER ANESTHETICS of similar potency, anesthesia derived from Oradent 4% Procaine Solution with Neo-Synephrin 1:2500, does not last longer than one and one-quarter hours. It allows ample operating time, yet does not last so long as to make the patient uncomfortable. Frequently you can obtain post-operative symptoms before the patient leaves the office.

RESULTS ARE EXCELLENT—it is a strong-acting anesthetic for profound, dense anesthesia, yet it is much less toxic than other solutions of similar potency because of the ability of Procaine to break down rapidly in the human body. Neo-Synephrin associated with 4% Procaine Solution tends to make it a *smooth-acting* anesthetic which may involve far fewer side reactions.

IT ANESTHETIZES A LARGE AREA and is therefore especially recommended for operative procedures. As further recommendation, reactions during anesthesia as judged by frequency of perspiration, nervousness, tremor or fainting are found to be less than other solutions of similar potency.

Oradent 4% Procaine Solution with Neo-Synephrin is available in 1.8cc and 2.4cc cartridges, bottle solution and ampules. Each Oradent cartridge is heat-sealed in a dust-proof cellophane wrapper. It may be inserted into the syringe directly from its own container to avoid possible contamination from handling.

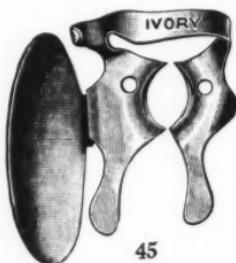
PROCINE SOLUTION WITH NEO-SYNEPHRIN 1:2500

Oradent

DIVISION OF MIZZY, INC. NEW YORK CITY

Ivory Rubber Dam Clamps

ARE YOU USING
OUR
SPECIAL MOLAR CLAMPS



Holds cheek and tongue out of way when using stone—shields reflect light on tooth.

J. W. IVORY, Manufacturer
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For repair service keep in touch with GLAZBROOK . . .
guaranteed repair service.

Complete stock of parts.
Skilled workmanship. Your old outfit reconditioned like new. Ask for an estimate.

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We can still supply new cuspidor waste and supply tubing. Send us your old connections. We will attach new tubing. Prompt, guaranteed service.

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Complete line—1 and 2 speeds. At right: $\frac{1}{4}$ h.p. One Speed Ball-bearing, heavy-duty motor. 1 YEAR GUARANTEE. \$27⁰⁰
WRITE FOR BULLETIN 313. Price, without chucks.....

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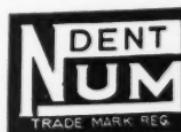
*A Perfect
SURFACE
ANESTHETIC*

NUM has everything it takes—

- Powerful anesthetic action • Non-narcotic • Non-toxic • Non-irritating • Non-acid • Pleasant smelling • Tasteless • Non-evaporating • Non-corroding.

In the Silver
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Order from your
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NUM SPECIALTY CO., 4614 Fifth Ave., Pittsburgh, Pa.

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COMPLETE
AS ILLUSTRATED

\$39.50

Vitality Test by **RADIO FREQUENCY**

... because independent research has established that a selected band of radio energy is the *only* reliable and accurate method of determining questions of vitality or non-vitality of teeth. Burton alone undertakes to make this new method available to the profession so that shock, pain and disconcerting loss of patient confidence and guess work may be eliminated.

ORDER YOUR 205W RADIO HIGH FREQUENCY SET NOW!

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AVAILABLE FOR THE FIRST TIME
the Burton Radio High Frequency Vitalometer Set. No. 205W . . . specially priced at \$39.50. Here is the technique every leading institution and thousands of practicing dentists have adopted, assembled in a beautiful case to replace obsolete methods and strengthen your diagnostic chain. Here is truly a diagnostic "must."

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Deception in this sense
is a prized
“looked-for” quality.

Densene is not
the usual “popular pink” concept.
It duplicates oral appearance
and misleads the observer
to recognize it definitely
as living tissue.

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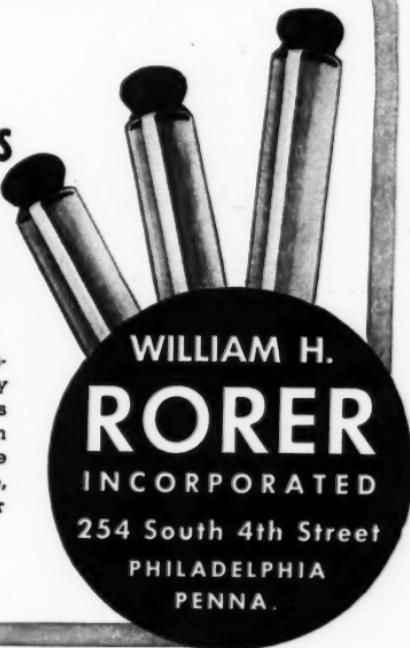
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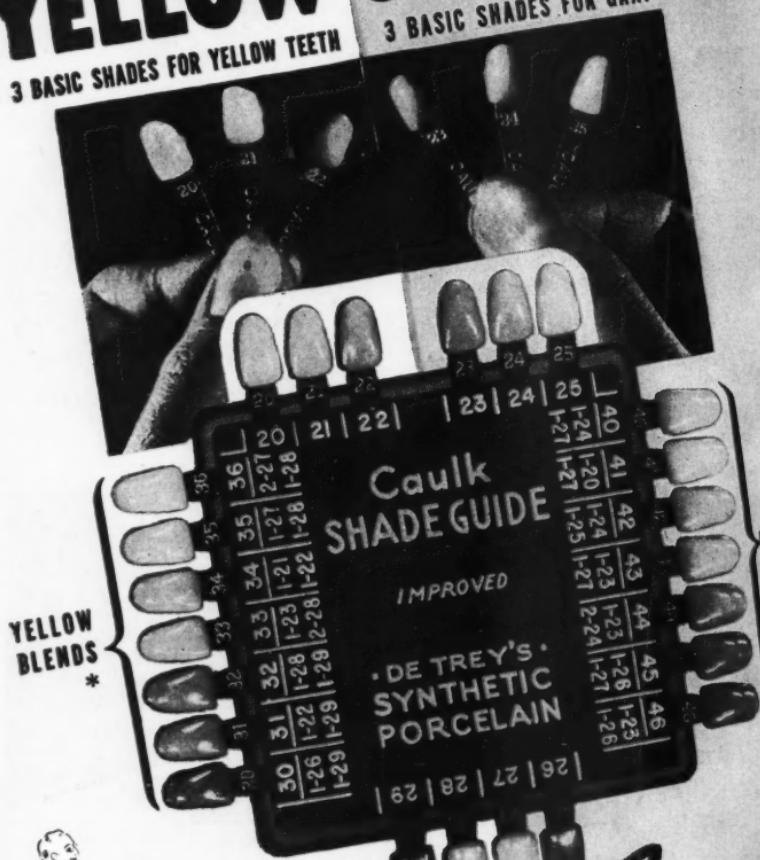
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3 BASIC SHADES FOR YELLOW TEETH

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* Occasionally (less than 1 case in 4) a yellow tooth or a gray tooth is slightly "off" the basic shades. True matches for "off" teeth will be found in these "blends." Formulae for mixing these "blends" are printed right on the guide.

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To quote an old phrase, "There's nothing to it." We're talking about color matching in esthetic restorations, of course.

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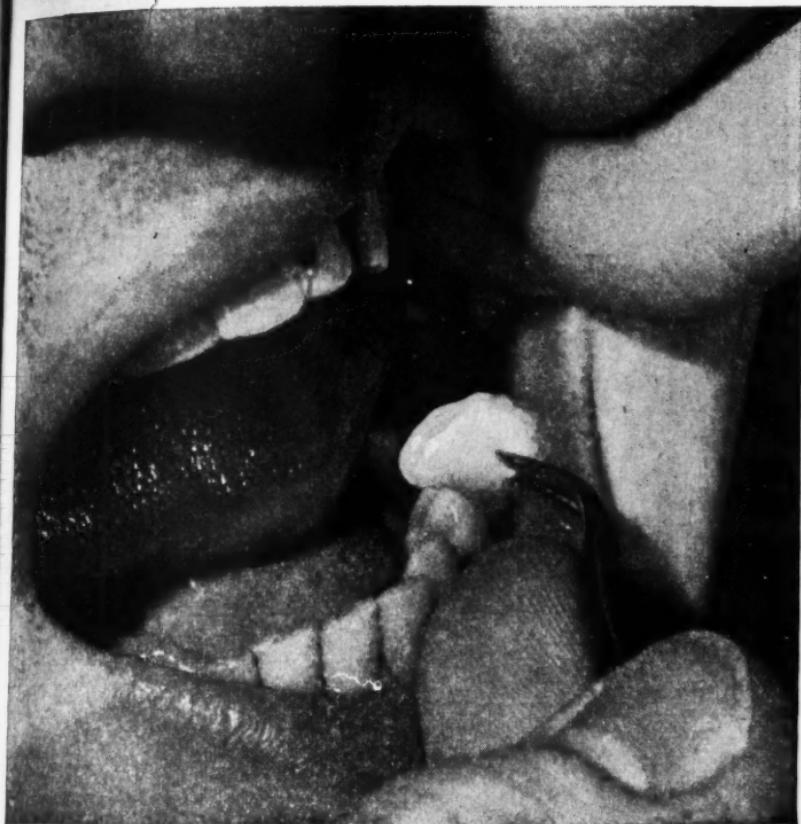
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* *Laryngoscope, Feb. 1935, Vol. XLV, No. 2, 149-154*
Laryngoscope, Jan. 1937, Vol. XLVII, No. 1, 58-60
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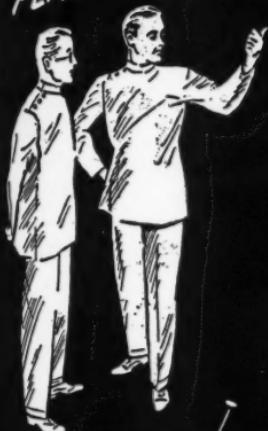
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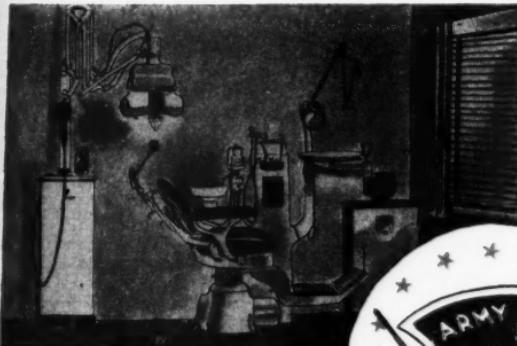
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*Journal of the A.M.A., July 18, 1942, pp. 948-9.

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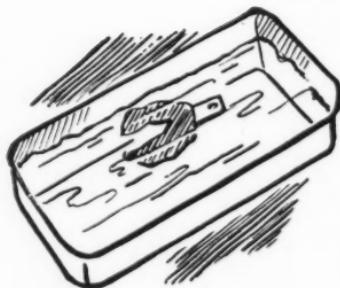
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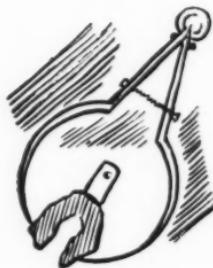
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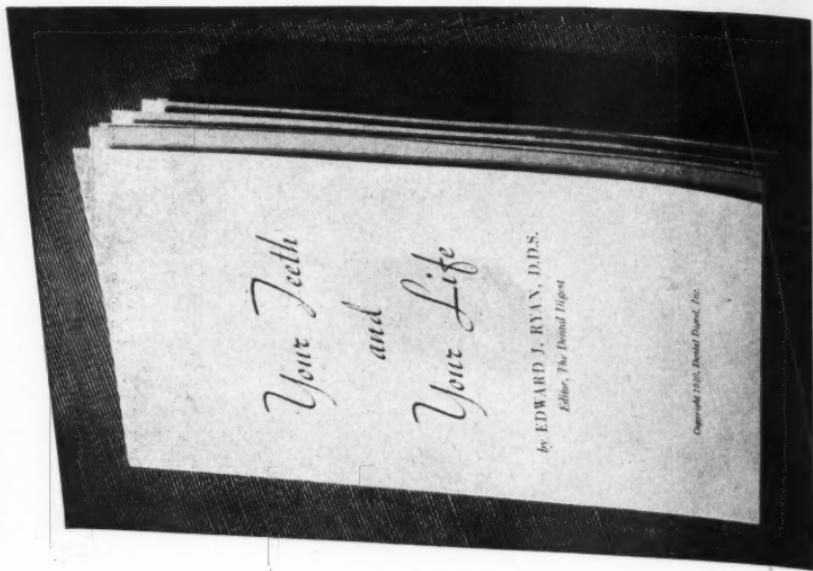
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CRAIG DENTAL PRODUCTS INC.

185 N. WABASH AVE. (Of Illinois)

CHICAGO, U. S. A.

AS YOU KNOW, DOCTOR—EVEN FAITHFUL PATIENTS GET

GROOVES LIKE THIS

(In cementum and dentin exposed by gingival recession)



**CERVICAL GROOVE
ABRADED IN VIVO**

Showing damage done by tooth-pastes and powders.



**BEFORE
BRUSHING**



**AFTER
BRUSHING**

With
Tooth-
powder

With
Liquid
TEEL

HOW GROOVES ARE MADE

After 86,400 strokes, left side of tooth brushed with tooth-powder, was deeply abraded. Right side, brushed with non-abrasive liquid TEEL, was unharmed.

NEW TEEL TECHNIQUE

Avoids Brushed-In Grooves—and Overcomes "Stains", too

You've probably seen them every day, doctor—those smooth, wedge-shaped grooves in dentin exposed by gingival recession.

Such grooves are extremely common. Clinical studies indicate

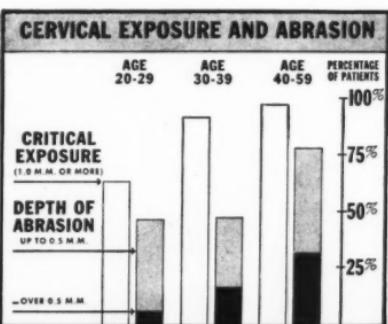
6 in 10 patients may have them.

These grooves—readily distinguished from acid erosions—are clean-cut cervical notches—polished smooth by brushing. They are gradually ground into teeth by the abrasives used in leading toothpastes and powders... as shown by clinical studies and laboratory tests.

6 IN 10 TOOK RISK

The findings of these tests* may be summarized as follows:

First, 58% of all adults examined had these grooves in softer calcified parts of teeth (exposed by receding gingivae)



As age advances, cervical exposure increases, and grooves multiply and deepen.

*Jrnl. of Dental Research, 20:565-95, Dec. '41.

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cavities ground-in by abrasives contained in toothpastes and powders they regularly used. Second, the deepest ground-in cavities were found in teeth cleaned most regularly. Third, 8 in 10 had sufficient gingival recession to run this risk constantly.

But notice, doctor—TEEL cannot cause these grooves. Abrasives are to blame . . . and TEEL contains *no abrasives*. In fact, TEEL is the *only* leading dentifrice to clean without abrasives. It is safe . . . even for patients with excessive gingival recession.

TEEL METHOD REMOVES "STAIN" SAFELY

TEEL possesses excellent cleaning characteristics... is refreshing to the taste, too. TEEL, in conjunction with the toothbrush, readily removes the common film of materia alba and mucin plaques, and ordinary surface discoloration.

The new TEEL Technique also removes a more difficult type of "staining." New

studies show that a tenacious, non-bacterial, discolored protein "skin" builds up on the tooth enamel of about one patient in five in the absence of abrasive action. It appears pale yellow in some individuals, while in others it is darker, even slowly assuming a brownish cast.

Abrasive dentifrices remove this "skin"—but their constant daily abrasion may also remove exposed cementum and dentin.

TEEL's New Technique removes this discolored "skin" too...but removes it safely. The patient simply brushes with TEEL twice daily—plus one extra minute a week spent brushing with TEEL and plain baking soda.

This technique provides *daily* non-abrasive cleaning—with just enough abrasion each *week* to remove the discolored "skin." There's no needless, dangerous daily abrasion.

LEADING TOOTHPASTES AND POWDERS MAY DAMAGE TEETH, TESTS SHOW

Under identical conditions, the same teeth were brushed with TEEL or plain water, and—on the reverse surface—with toothpastes or powders. Each test was approximately equal to 6 years' brushing *in vivo*.

Depth of Abrasion of Cementum and Dentin (in hundredths of m.m.)

Toothpowder A	79.0
" B	62.6
" C	82.3
Toothpaste A	46.3
" B	40.6
" C	55.0
" D	33.4
" E	18.5
" F	32.5
" G	44.3

BRUSH AND WATER . . . 0.5
BRUSH AND TEEL . . . 0.0

Above tests reported in *Jrnl. of Dental Research*, 20 583-95 Dec. '41; 21 335, June, '42.

TEEL'S NEW TECHNIQUE consists of

1. Twice daily—Brush the teeth with TEEL; a few drops on dry or moist brush. Provides daily hygiene with no abrasion.
2. Weekly—Brush teeth for at least one extra minute with plain baking soda on brush moistened with TEEL. Necessary abrasive action each week to remove surface "stain."



So that dentists may know about this new safe, efficient, home oral hygiene, samples of TEEL will gladly be sent on request... also, scientific studies upon which the New TEEL Technique is based. Address: DEPT. OF DENTAL RELATIONS, PROCTER & GAMBLE, Cincinnati, Ohio.

* * *

This message, in popular form, is appearing in advertisements in national magazines.

PROCTER & GAMBLE, Cincinnati, Ohio

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Pat. May 21, 1940

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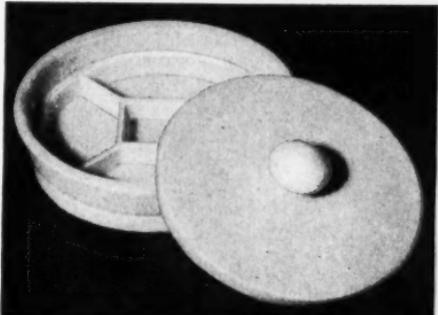
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Sept. 14, 1937

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at 2:30,
Doctor**



Earning the confidence, loyalty and friendship of youngsters, watching them develop from the uncertainty and apprehension of their first visit to the confident stage of making their own appointments is one of the finest experiences of dental practice—an experience that adds something to a dentist's life. But aside from the human aspects, the child patient is important to the economics of dental practice. The transition from child to adult patient is comparatively short. This fact is given important consideration in the design of McKesson equipment, hence its simplicity and effectiveness that makes child practice easy and saves time and energy in handling adults.

Though our manufacturing facilities must now be devoted to the production of McKesson products for the armed services, we are planning for the time when the war will have been won and the operating and economic advantages of McKesson nitrous oxide equipment will be of greater importance to the profession than ever before.

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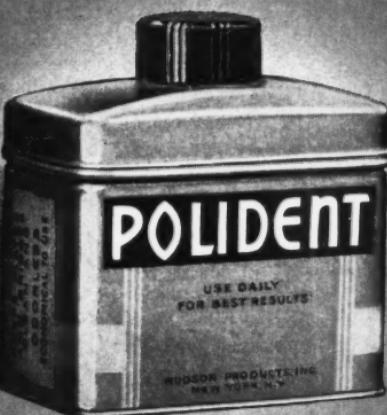


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"I did just as my dentist told me, about cleaning my plate, and never had a bit of trouble."

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*—Should be given by the Dentist,
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A patient feels definitely "let down" if she walks out of your office without your advice on how to keep her new dentures clean. If you don't tell her, she won't know—must rely on the contradictory and perhaps harmful advice of well-meaning friends.

On the other hand if you are the one who gave her the good advice that worked out successfully, she is constantly reminded of this important "follow through" service.

DANGERS OF BRUSHING

It is worth your time and effort to explain that the less she handles her dentures, the less the risk of dropping and breaking or chipping them—a constant peril when brushing methods are employed. It should also be explained that brushing with abrasive "make-shift" cleaners such as toothpastes, tooth-powders, soap and household cleansers may wear down the important "fitting ridges"—scratch the polished surfaces.

Play Safe... Use Polident

"Play safe—use Polident," is good advice to new and accustomed denture wearers—for which they will always thank you. Polident avoids the dangers of brushing, yet it cleans the dentures of daily accumulation thoroughly—even the hard-to-reach places—just by soaking in the solution.

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The Safe, Modern Way to Keep
Dentures Clean

Write for free supply of samples.
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8 High Street, Jersey City, N. J.

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Polident is approved by the leading makers of acrylic resin and other modern denture materials.

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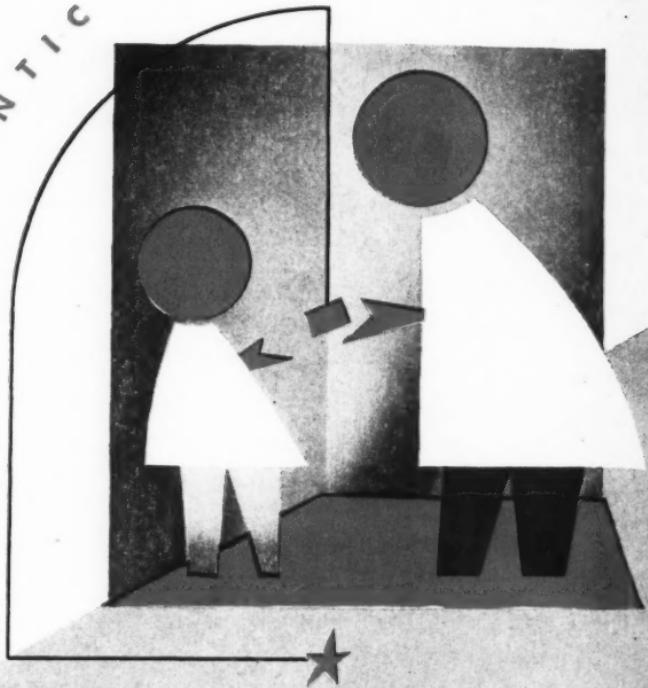
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